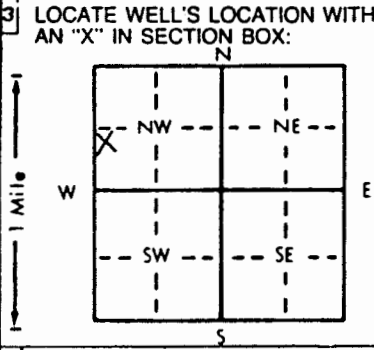


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: <u>Russell</u>	Fraction <u>NW</u> 1/4 <u>SW</u> 1/4 <u>NW</u> 1/4	Section Number <u>2</u>	Township Number T <u>14</u> S	Range Number R <u>14</u> <u>E(W)</u>
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Distance and direction from nearest town or city street address of well if located within city?
U.S. Highway 281, North of I-70

2 WATER WELL OWNER: Darwin L. Sampson
 RR#, St. Address, Box # : 912 Barlow Dr. Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Salina, Kansas 67401 Application Number:



4 DEPTH OF COMPLETED WELL: 25 ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1. 25 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 16.60 ft. below land surface measured on mo/day/yr _____
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 7.5/8 in. to 25 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X _____; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes _____ No X

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<u>2</u> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded <u>X</u>

Blank casing diameter 2 in. to 10 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 0 in., weight _____ lbs./ft. Wall thickness or gauge No. sch. 40
TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	<u>7</u> PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<u>3</u> Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From 10 ft. to 25 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 8 ft. to 25 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 6 ft., From 6 ft. to 8 ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	<u>11</u> Fuel storage	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	16 Other (specify below)

Direction from well? Southeast How many feet? 50

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4"	Asphalt			
4"	2'	Cly, v lt brn, v slty, mod snd-1" szd calic clsts, damp			
2'	8'	Cly, med olv brn, mod slty, sl snd szd calic, damp			
8'	10'	Cly, lt oran-brn, v slty, mod-v lrg arnts of calic clsts-snd to lrg rck szd			
10'	18'	Cly a.a. but sl snd szd calic clsts, damp			
18'	20'	Cly, med gry-brn with sl iron stains and v lrg arnts of snd to rck - 1/2' szd calic, moist			
20'	25'	Cly, lt gry, mod-v sndy, v f-med grnd, frly well srtd, rnd-subang.			
					M2 Flush Mount cover

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 06-27-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 07-19-94 under the business name of GeoCore Services, Inc. by (signature) Paul Kold

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.