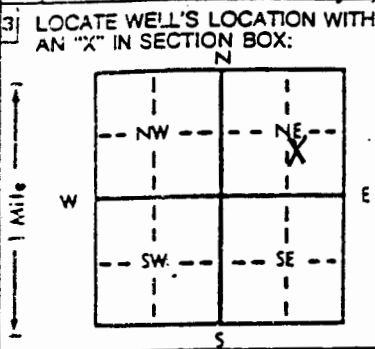


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Ellis	NW ¼ SE ¼ NE ¼	4	T 14 S	R 18 E (W)

Distance and direction from nearest town or city street address of well if located within city?
35 feet south of East Eight St.

2 WATER WELL OWNER: **Kansasland Tire**
 RR#, St. Address, Box #: **730 W. Eight St.** Board of Agriculture, Division of Water Resource
 City, State, ZIP Code: **Hays, Kansas 67601** Application Number:



4 DEPTH OF COMPLETED WELL: **23** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. **16** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **16.83** 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 **23** 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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 7 Fiberglass _____ Threaded **X**
 Blank casing diameter: **2** in. to **11** 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: **7** PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot **3** Mill slot 6 Wrs wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **11** ft. to **21** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **9** ft. to **23** 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 **7** ft., From **7** ft. to **9** ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy **11** Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cass pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Saepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)
 Direction from well? **Northeast** How many feet? **125**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6"	Roadgrvl, f-c snd & mod grvl, prly srted, sl lt brn cly, dry			v-f med grnd frly well srted, tr of c grns-grvl
6"	2'	Cly, med brn, mod slty, damp, v lrge amnts of snd-grvl szd calic			
2	6	Cly, drk brn, v slty, v lrg amnts of snd szd calic, damp			
6	10	Cly, med-lt brn w/ sl oran tint, v slty, mod snd-grvl szd calic, damp			
10	14	Cly a.a. but lt brn w/ sl oran tint & sl sand szd calic, tr v f-f snd			
14	16.5	Cly, lt brn w/ sl oran tint, v slty, moist, sl v f-f snd, sl plstc			
16.5	17	Snd lense, f-c grnd, frly well srted, lt brn			MW3 - Flushmount Don Taylor
17	23	Cly, lt brn, v slty, mod-v sndy,			

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) **10-11-94** 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) **11-15-94** under the business name of **GebCore Services, Inc.** by (signature) *Don Taylor*

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.