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

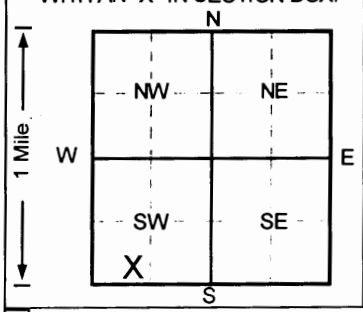
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Saline**	**SE ¼ SW ¼ SW ¼**	**17**	T **14** S	R **2** E/W

Distance and direction from nearest town or city street address of well if located within city?
657 Fairdale - Salina, Kansas

2 WATER WELL OWNER: **Kwik Shop**
RR#, St. Address, Box # : **P.O Box 1927**
City, State, ZIP Code : **Hutchinson, Kansas 67504-1927**

Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL ..... **28** ..... ft. ELEVATION: ..... **1232.62** .....
Depth(s) Groundwater Encountered 1. ..... **999** ..... ft. 2. ..... ft. 3. ..... ft.
WELL'S STATIC WATER LEVEL ... **22.13** ... ft. below land surface measured on mo/day/yr .... **9/18/96** .....
Pump test data: Well water was .... **NA** .... ft. after ..... hours pumping ..... gpm
Est. Yield .. **NA** ... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm
Bore Hole Diameter .... **8** .... in. to ..... **28** ..... 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: ✓ .....; If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes No ✓

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. ✓ .....
Blank casing diameter ..... **2** ..... in. to ..... **18** ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface ..... **-5.4** ..... 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 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....
SCREEN-PERFORATED INTERVALS: From ..... **18** ..... ft. to ..... **28** ..... ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From ..... **16** ..... ft. to ..... **28** ..... 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 ..... **14** ..... ft., From ..... **14** ..... ft. to ..... **16** ..... ft., From ..... ft. to ..... ft.
What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage (16) Other (specify below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage ... **UST Basin** .....
Direction from well? **NW** How many feet? **100**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	Clay, Dark Brown			
6	11	Clay, Red Brown			
11	19	Clay, Light Brown			
19	24	Clay, Light Brown			
24	28	Sand, Light Brown			
					MW5 , Tag # 00174956 , Flushmount
					Project Name: Kwik Shop #742
					GeoCore # 351 , KDHE # U5 085 10550

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) ..... **10/14/96** ..... 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) ..... **11/14/96** ..... under the business name of **GeoCore Services, Inc.** by (signature) Dale Robl

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.

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