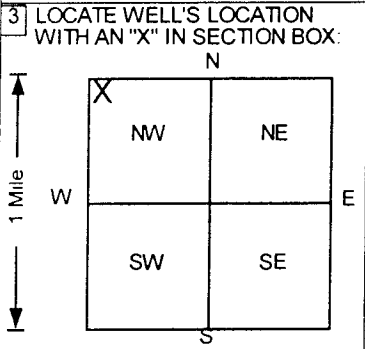


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: **Saline** Fraction: **NW ¼ NW ¼ NW ¼** Section Number: **18** Township Number: **T 14 S** Range Number: **R 2 E (W)**

Distance and direction from nearest town or city street address of well if located within city?
1101 E. Iron; Salina, Kansas

2 WATER WELL OWNER: **Triplett, Inc.**
 RR#, St. Address, Box # : **P.O. Box 647** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Salina, Kansas 67402-0647** Application Number:



4 DEPTH OF COMPLETED WELL: **40** ft ELEVATION: **1220.15**
 Depth(s) Groundwater Encountered 1. ft 2. ft 3. ft
 WELL'S STATIC WATER LEVEL ft below land surface measured on mo/day/yr
 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 **40** 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 **25** ft, Dia. in. to ft, Dia. in. to ft
 Casing height above land surface **-4.92** 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 **25** ft to **40** ft, From ft to ft
 From ft to ft, From ft to ft
 GRAVEL PACK INTERVALS: From **22** ft to **40** 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 **20** ft, From **20** ft to **22** ft, From ft to ft
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage **16 Other (specify below)**
 **Former UST Basin**
 Direction from well? **NE** How many feet? **175**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.06	Concrete,			
0.06	5	Clay, Dark Brown Black Gray			
5	10	Silt, Light Brown Gray			
10	15	Sand, Orange Brown			
15	20	Sand, Orange Brown			
20	25	Sand, Orange Brown			
25	30	Sand, Brown Black			
30	40	Sand, Gray			
					MW5, Tag # 00309639, Flushmount
					Project Name: East Iron Amoco
					GeoCore # 930, KDHE # U5 085 12824

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) **2/11/02** 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) **2/20/02**
 under the business name of **GeoCore Services, Inc.** by (signature) *Dale Bell*

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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