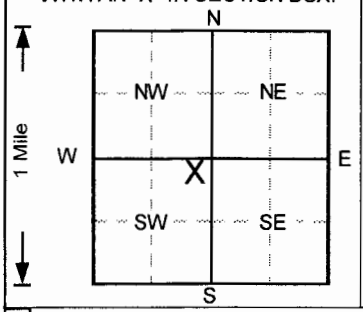
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Ellsworth**	**NE ¼ NE ¼ SW ¼**	**20**	T **15** S	R **8** (E)/W

Distance and direction from nearest town or city street address of well if located within city?
W. North Main St. & Colorado Avenue, Ellsworth

2 WATER WELL OWNER: **Johnson's Elevators, Inc.**
RR#, St. Address, Box # : **PO Box 86**
City, State, ZIP Code : **Assaria, Kansas 67416**
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 **35** ft. ELEVATION: **1538.72**
Depth(s) Groundwater Encountered 1. ..... ft. 2. ..... ft. 3. ..... ft.
WELL'S STATIC WATER LEVEL **23.8** ft. below land surface measured on mo/day/yr **8/14/2008**
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 **35** 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 **20** ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface **-5.28** 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 **20** ft. to **35** ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From **18** ft. to **35** 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 **Concrete** .....
Grout Intervals: From **0** ft. to **2** ft., From **2** ft. to **18** 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)
13 Insecticide storage .....
Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Clay, silty, Brown to Dark Brown			
5	11	Silt, moist, no odor, Brown			
11	15	Silt, sl. sandy, Brown			
15	24	Silt, sandy (vf), Lt. Brown			
24	28	Sand (vf-m), v. silty, sl. clayey, Brown			
28	35	Sand (vf-m), sl. silty, Brown to Reddish Brown			
					MW1R , Tag # 0041432 , Flushmount
					Project Name: Brooks Waterwell - Monitoring
					GeoCore # 728 , KDHE # U5 027 00086

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) **8/13/2008** 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) **9/11/08**
under the business name of **GeoCore, 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.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼