3555

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

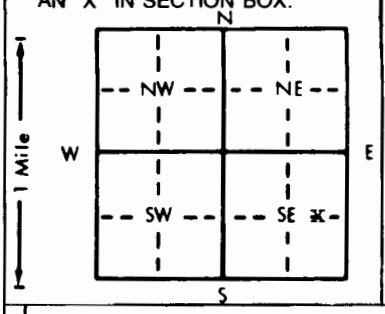
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Saline	NC ¼ E½ ¼ SE ¼	29	T 16 S	R 2 E/W

Distance and direction from nearest town or city street address of well if located within city?
Approximately 3 miles east of Bridgeport

2 WATER WELL OWNER: Bruce Spare
RR#, St. Address, Box # : 10501 S. Simpson Rd.
City, State, ZIP Code : Assaria, KS 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 50 ft. ELEVATION: unknown

Depth(s) Groundwater Encountered 1. ..... ft. 2. ..... ft. 3. ..... ft.

WELL'S STATIC WATER LEVEL 8 ft. below land surface measured on mo/day/yr 7-10-97

Pump test data: Well water was not ch'd ft. after ..... hours pumping ..... gpm

Est. Yield unknown gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

Bore Hole Diameter 10 in. to 48 ft., and ..... in. to ..... ft.

WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below) Stock

Was a chemical/bacteriological sample submitted to Department? Yes ..... No x ; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes x No

5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)

CASING JOINTS: Glued x Clamped ..... Welded ..... Threaded .....

Blank casing diameter 5 in. to 18 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface 24 in., weight 2.36 lbs./ft. Wall thickness or gauge No. .214

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) ..... 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) ..... 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 18 ft. to 48 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 16 ft. to 48 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 Bentonite Holeplug

Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From 0 ft. to 16 ft.

What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) None known

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil			
3	15	Clay, brown			
15	26	Limestone gravel			
26	28	Shale, red, green			
28	40	Limestone gravel			
40	48	Shale, gray, red			

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) 7-10-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/yr) 8-6-97 under the business name of Clarke Well & Equipment, Inc. by (signature) [signature]

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