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

1 LOCATION OF WATER WELL: County: RICE | Fraction: C ¼ NE ¼ SE ¼ | Section Number: 34 | Township Number: T 19 S | Range Number: R 8 (E)W

Distance and direction from nearest town or city street address of well if located within city? NE part of town - west of manf. facility MW-3

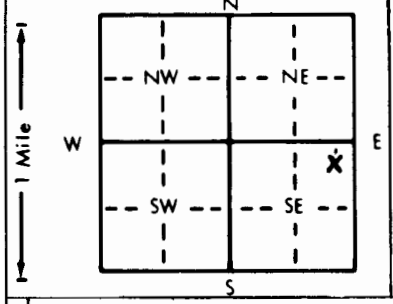
2 WATER WELL OWNER: GREAT PLAINS CASTINGS

RR#, St. Address, Box # :

City, State, ZIP Code : LYONS, KS

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 38 ft. ELEVATION: ≈ 1690'

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 ..... ft. after ..... hours pumping ..... gpm

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

Bore Hole Diameter 8 in. to 38 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 27.5 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface 24 in., weight .69 lbs./ft. Wall thickness or gauge No. .....

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 27.5 ft. to 38 ft., From ..... ft. to ..... ft.

From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 25 ft. to 38 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 2 ft., From 2 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)

13 Insecticide storage Manf. facility

Direction from well? West How many feet? > 25'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	38	Clay & sandy clay			

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) 12-28-96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 581 This Water Well Record was completed on (mo/day/yr) 1-7-97 under the business name of Layne Western by (signature) Steve Mitchell

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