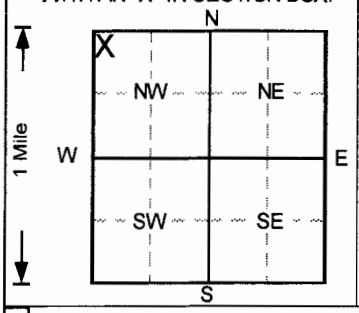
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: Rice	Fraction NW ¼ NW ¼ NW ¼	Section Number 9	Township Number T 20 S	Range Number R 8 E/W

Distance and direction from nearest town or city street address of well if located within city?
3/4 mile W of Grand & American, S into field

2 WATER WELL OWNER: **Lyons Salt Co.**
RR#, St. Address, Box # : **1660 Avenue N**
City, State, ZIP Code : **Lyons, Kansas 67554**
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 . . . . . 92.5 . . . . . ft. ELEVATION: . . . . . 1665.3 . . . . . .
Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.
WELL'S STATIC WATER LEVEL . . . 15.8 . . . . ft. below land surface measured on mo/day/yr . . . . 10/2/2009 . . . . .
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 . . . . . 92.5 . . . . . 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 . . . . . 28.1 . . . . . 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 . . . . . 77.5 . . . . . ft., From . . . . . ft. to . . . . . ft.
From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.
GRAVEL PACK INTERVALS: From . . . . . 12.5 . . . . . ft. to . . . . . 92.5 . . . . . 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 . . . . . 3 . . . . . ft. to . . . . 12.5 . . . . ft., From . . . . . ft. to . . . . . 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 . . . N/A . . . . . .
Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	30	Clay, silty,			
30	85	Sand, Silt, Clay,			
85	90	Clay,			
90	93	Shale, Red			
					LSM-2-S

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) . . . . . 5/6/2008 . . . . . 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) . . . 10/6/09 . . . .
under the business name of GeoCore, Inc. by (signature) Dale Robb

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