

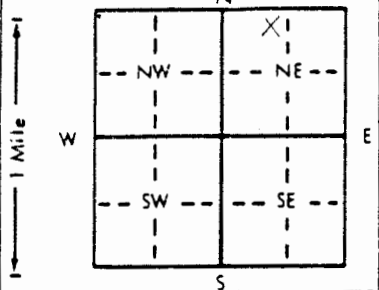
**WATER WELL RECORD Form WWC-5 KSA 82a-1212**

1 LOCATION OF WATER WELL: County: <u>Rice</u>	Fraction <u>NE 1/4</u> <u>NW 1/4</u> <u>NE 1/4</u>	Section Number <u>5</u>	Township Number <u>T 20 S</u>	Range Number <u>R 8 E/W</u>
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Distance and direction from nearest town or city street address of well if located within city?  
2000' west of Lyons, 500' south of HWY 56

2 WATER WELL OWNER: Rice County Airport  
 RR#, St. Address, Box # : 460 N. Logan Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Lyons, KS 67554 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 42 ft. ELEVATION: 1690

Depth(s) Groundwater Encountered 1. \_\_\_\_\_ ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL 35.1 ft. below land surface measured on mo/day/yr 3/27/95  
 Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield NA gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Bore Hole Diameter 8 in. to 42 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:  
 1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
 2 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded X  
 7 Fiberglass    Threaded \_\_\_\_\_

Blank casing diameter 2 in. to 27 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface \_\_\_\_\_ in., weight \_\_\_\_\_ lbs. ft. Wall thickness or gauge No. Schedule 40

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

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

SCREEN-PERFORATED INTERVALS: From 27 ft. to 42 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From 25 ft. to 42 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other \_\_\_\_\_  
 Grout Intervals: From 0 ft. to 23 ft., From 23 ft. to 25 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    UST  
 Direction from well? E/SE    How many feet? 56

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Clay, Dark Brown			MW4
3	8	Clay, Medium Green-Brown			GeoCore #111 Flush-mount Cover
8	19	Clay, Dark Orange-Brown			KDHE # 05080564 Tag# 117724
19	29	Clay, Medium Orange-Brown			
29	42	Clay, Medium Green-Brown			

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) 3/27/95 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) 4/25/95 under the business name of GeoCore Services, Inc. by (signature) Dale Rohl

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.