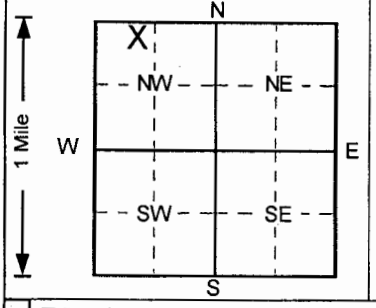
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: **McPherson** | Fraction: **NE ¼ NW ¼ NW ¼** | Section Number: **16** | Township Number: T **21** S | Range Number: R **4** E/W

Distance and direction from nearest town or city street address of well if located within city?
111 E. Center, Inman

2 WATER WELL OWNER: **Mid Kansas Coop Association**
RR#, St. Address, Box # : **P.O. Box D**
City, State, ZIP Code : **Moundridge, Kansas 67107**
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 **40** ft. ELEVATION: **0**
Depth(s) Groundwater Encountered 1. ..... ft. 2. ..... ft. 3. ..... ft.
WELL'S STATIC WATER LEVEL **22.76** ft. below land surface measured on mo/day/yr **11/23/2004**
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 **40** 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 **15** ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface **0** in., weight ..... lbs./ft. Wall thickness or gauge No. **Sch. 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
7 Torch cut 10 Other (specify) .....

SCREEN-PERFORATED INTERVALS: From **15** ft. to **40** ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From **13** ft. to **40** 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 **13** 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 **AST Basin**
Direction from well? **NW** How many feet? **255**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Clay, silty, v. plastic, moist, V. Dark Brown			
3	8	Clay, v. silty, v. sl. plastic, v. sl. moist, Dark Br			
8	17	Clay, v. silty, calcareous, nonplastic, Reddish			
17	26	Shale, silty. v. weathered, v. moist, Reddish Gr			
26	40	Shale, hard, saturated, Dark Reddish Green			
					MW9 , Tag # 00156989 , Flushmount
					Project Name: Mid Kansas Coop - Inman - Monitoring
					GeoCore # 546 , KDHE # A5 059 40059

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) **11/23/2004** 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) **11/29/2004** under the business name of **GeoCore, Inc.** by (signature) Dale Gabbert

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