WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. MW-8

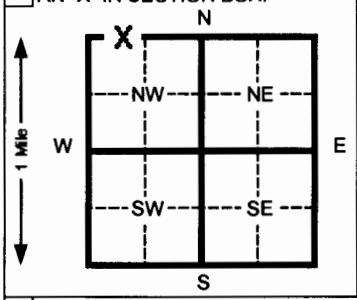
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Stafford	NE ¼ NW ¼ NW ¼	24	T 24 S	R 12 E/W

Distance and direction from nearest town or city street address of well if located within city?
221 E. Martin Avenue, Stafford, Kansas

2 WATER WELL OWNER: Frank Roush
RR#, St. Address, Box # : P.O. Box 340
City, State, ZIP Code : Stafford, Kansas 67578

Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF COMPLETED WELL 25.0 ft. ELEVATION:
Depth(s) Groundwater Encountered 1 18.5 ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL 18.65 ft. below land surface measured on mo/day/yr 04/22/04
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 ____ in. to ____ ft. and ____ in. to ____ ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) (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 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 2.375 in. to 10.0 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface Flush Mount in., weight ____ lbs./ft. Wall thickness or gauge No. Schedule 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 25.0 ft. to 10.0 ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From 25.0 ft. to 8.0 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 0.0 ft. to 1.0 ft. From 1.0 ft. to 8.0 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 (Former) 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
Direction from well? West How many feet? 180

FROM	TO	CODE	LITHOLOGIC LOG
0.0	9.0		Brown-dark brown very silty clay, hard-firm, slightly moist
9.0	20.0		Red brown clayey sand, laminated, hard-firm, dry-slightly moist, wet @18.5'
20.0	25.0		Red brown silty sand, fine grained, wet
			Flush-mount well completion approved by Don Taylor, KDHE-BOW.

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/yr) 04/21/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 692 This Water Well Record was completed on (mo/day/yr) 04/30/04 under the business name of Quad State Services, Inc. by (signature)

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R SEC