GSI Job No. 137250 **MW-7**

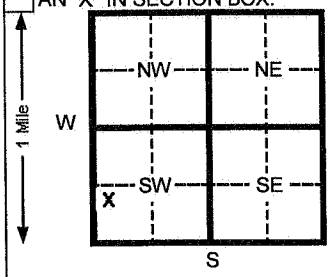
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. **0045374**

1 LOCATION OF WATER WELL: County: **Stafford**	Fraction: **NW** ¼ **SW** ¼ **SW** ¼	Section Number: **13**	Township Number: T **24** S	Range Number: R **12** W

Distance and direction from nearest town or city street address of well if located within city?
Approx. 25' N, 110' E of SE corner of former Basye Well Servicing, 217 S. Main – Stafford

2 WATER WELL OWNER: **KDHE**
RR#, St. Address, Box # : **1000 SW Jackson St., Ste. 410** Board of Agriculture, Division of Water Resources
City, State, ZIP Code : **Topeka, KS 66612** Application Number:

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



4 DEPTH OF COMPLETED WELL **29.44** ft. ELEVATION:
Depth(s) Groundwater Encountered 1 **18** ft. 2 **16.05** 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 **8.25** in. to **30** ft. and ____ in. to ____ ft.
WELL WATER TO BE USED AS: 1 Domestic 3 Feed lot 5 Public water supply 6 Oil field water supply 8 Air conditioning 9 Dewatering 11 Injection well 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 **X** If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes ____ No **X**

5 TYPE OF BLANK CASING USED: 1 Steel **2 PVC** 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
CASING JOINTS: Glued ____ Clamped ____ Welded ____ Threaded **Flush**
Blank casing diameter **2** in. to **14.44** ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface **0** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile **7 PVC** 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) ____ 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter **3 Mill slot** 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) ____ 11 None (open hole)
SCREEN-PERFORATED INTERVALS: From **14.44** ft. to **29.44** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From **12.44** ft. to **30** 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 **1** ft. to **12.44** ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft.
What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below) ____
Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10		**Silty Clay, dark brown, trace fine sand**			
10	24		**Clayey Sand, orange to light brown/tan, fine to medium grained**			
24	28		**Silty Clay, tan/gray, some sand**			
28	30		**Sandy Clay, tan/orange, fine to medium grained**			
						Survey date: 10/25/13
						Latitude: N 37.95667
						Longitude: W 98.60011

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) **10/14/13** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **10/30/13**
under the business name of **GSI Engineering, LLC** 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.

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