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

1 LOCATION OF WATER WELL:

	Fraction	Section Number	Township Number	Range Number
County: Edwards	NC ¼ E½ ¼ NE ¼	14	T 24 S	R 16 E/W

Distance and direction from nearest town or city street address of well if located within city?

Approximately 3 miles east and 1¼ miles north of Belpre

2 WATER WELL OWNER:

RR#, St. Address, Box # :

City, State, ZIP Code :

Frank L. Hart, Inc.
c/o David J. Youtsey, Sr.
1402 Austin Circle
Salina, KS 67401

Board of Agriculture, Division of Water Resources

Application Number:

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

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            N
   -- NW -- | -- NE -X-
   W        |          E
   -- SW -- | -- SE --
            S
   1 Mile
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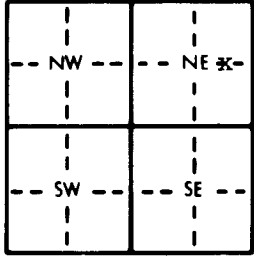
4 DEPTH OF COMPLETED WELL . . . unknown . . . ft. ELEVATION: . . . .

Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . . ft.

WELL'S STATIC WATER LEVEL . . . . . N/A . . 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 . . . . in. to . . . . ft., and . . . . in. to . . . . . . ft.

WELL WATER ~~TO BE~~ was 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 . . . . . Stock 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:

			CASING JOINTS:
1 Steel	5 Wrought iron	8 Concrete tile	Glued . . . . . Clamped . . . . .
3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded . . . .
2 PVC 4 ABS	7 Fiberglass	. . . .	Threaded . . . .

Blank casing diameter . . . . 1¼ . . . . . in. to . . . . ft., Dia . . . . . in. to . . . . . . ft., Dia . . . . . in. to . . . . . ft.

Casing height above land surface . . 6' below . . . . in., weight . . . . lbs./ft. Wall thickness or gauge No. . . . .

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 . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

GRAVEL PACK INTERVALS: From . . . . . ft. to . . . . . 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 . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . 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	None known

Direction from well?   How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			?	6	Caved in – full of dirt
			6	0	Compacted soil

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) . . . . 8-20-99 . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . . 185 . . . . This Water Well Record was completed on (mo/day/yr) . . . . 9-8-99 . . . .

under the business name of   Clarke Well & Equipment, Inc.   by (signature) _[signature]_

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