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

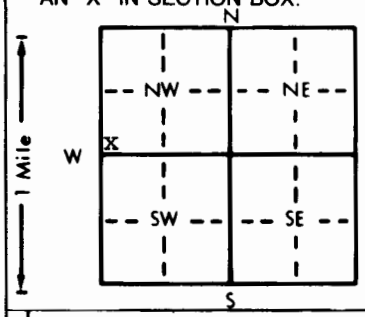
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Stafford	SW ¼ SW ¼ NW ¼	33	T 25 S	R 12 E/W

Distance and direction from nearest town or city street address of well if located within city?
Approximately 8 miles west and 2½ miles south of Neola, KS

2 WATER WELL OWNER: Jim Clark
RR#, St. Address, Box # : Route 1
City, State, ZIP Code : Preston, KS 67569

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 74 ft. ELEVATION: unknown
Depth(s) Groundwater Encountered 1. ..... ft. 2. ..... ft. 3. ..... ft.
WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr .....
Pump test data: Well water was not ch'd ft. after ..... hours pumping ..... gpm
Est. Yield unknown gpm: Well water was ..... ft. after ..... hours pumping ..... gpm
Bore Hole Diameter 9 in. to 74 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 Stock
Was a chemical/bacteriological sample submitted to Department? Yes ..... No X ; If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
2 PVC 4 ABS 7 Fiberglass Threaded
Blank casing diameter 5 in. to 54 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface 24 in., weight 2.36 lbs./ft. Wall thickness or gauge No. .214
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 54 ft. to 74 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 22 ft. to 74 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 4 ft. to 22 ft., From ..... ft. to ..... 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 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? east How many feet? 10

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	28	Fine sand, Topsoil and clay, tan, sandy			
28	40	Sand and Gravel, medium			
40	42	Clay, tan, sandy			
42	74	Sand and Gravel, medium to fine with clay streak at 50'			

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) 8-15-90 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) 8-20-90
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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.