

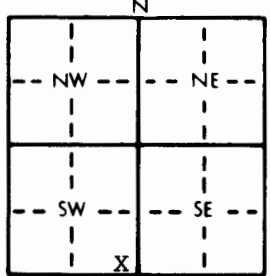
WATER WELL RECORD Form WWC-5 KSA 82a-1212

LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Ford	SE 1/4 SE 1/4 SW 1/4	26	T 26 S	R 25 E W

Distance and direction from nearest town or city street address of well if located within city?
Approx. 140' N & 630' E of the SE Corner of Trail & Santa Fe Streets, Dodge City, KS

WATER WELL OWNER: Dodge City Cooperative Exchange	52905124 MW-4
RR#, St. Address, Box #: 710 West Trail Street, Box 610	Board of Agriculture, Division of Water Resources
City, State, ZIP Code: Dodge City, Kansas 67801	Application Number:

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



DEPTH OF COMPLETED WELL: 30 ft.	ELEVATION: Approx. Surface Elev. 2485			
Depth(s) Groundwater Encountered: 1. 20 ft. 2. _____ ft. 3. _____ ft.	WELL'S STATIC WATER LEVEL: 22.2 ft. below land surface measured on mo/day/yr 03/07/91			
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm				
Est. Yield: N/A gpm Well water was _____ ft. after _____ hours pumping _____ gpm				
Bore Hole Diameter: 8.25 in. to 30 in. and _____ in. to _____ in.				
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	<input checked="" type="radio"/> Monitoring well	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> X _____		If yes, mo/day/yr sample was submitted		Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/> X _____

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) _____
<input checked="" type="radio"/> PVC	4 ABS	7 Fiberglass	Welded _____
Blank casing diameter: 2 in. to 12 in.	Dia _____ in. to _____ in.	ft. Dia _____ in. to _____ in.	Threaded: <input checked="" type="checkbox"/> X _____
Casing height above land surface: -3 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	<input checked="" type="radio"/> Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 12 ft. to 29.5 ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 17 ft. to 30 ft.	From _____ ft. to _____ ft.

GROUT MATERIAL: <input checked="" type="radio"/> Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals: From 0 ft. to 9 ft.	From 9 ft. to 11 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	<input checked="" type="radio"/> Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	Removed UST

Direction from well? **West/Southwest** How many feet? **900**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1.0	Fill (Silty Gravel) Gray			
1.0	4.5	Fill (Lean Clay) Dark Gray-Brown			
4.5	9.0	Lean Clay with Sand Brown			
9.0	13.0	Silty Sand Brown			
13.0	21.0	Fine to Coarse Sand, Trace of Gravel Brown			
21.0	30.0	Fine to Coarse Sand with Gravel Brown			

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) **03/05/91** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **416**. This Water Well Record was completed on (mo/day/year) **03-05-91** under the business name of **Terracon Consultants, Inc.** by (signature) *Steve Fischer*

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.

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