

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

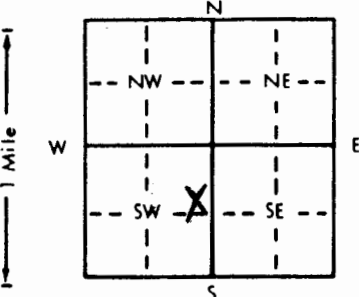
1 LOCATION OF WATER WELL: Fraction SE 1/4 NE 1/4 SW 1/4 Section Number 16 Township Number T 28 S Range Number R 18 E/W
 County: kiowa

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

419 W. Kansas, Greensburg, KS

2 WATER WELL OWNER: Coastal Mart #2509 Board of Agriculture, Division of Water Resources
 RR#, St. Address, Box #: 419 W. Kansas Application Number:
 City, State, ZIP Code: Greensburg, Kansas 67054

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



4 DEPTH OF COMPLETED WELL: 94.5 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 82 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 81.30 ft. below _____ measured on mo/day/yr 08-03-94
 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 7 5/8 in. to 9.5 in. to _____ 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 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: 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 in. to 69.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 0 in., weight _____ lbs./ft. Wall thickness or gauge No. sch. 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 69.5 ft. to 94.5 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 67 ft. to 94.5 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 ft. to 64.8 ft., From 64.8 ft. to 67 ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____
 Direction from well? Southwest How many feet? 500

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Clay, mod brn, sl slty, stiff, med plst, damp			
2	9	Clay, mod brn, sl slty, tr-mod snd, firm lw plst, damp			
9	13	Clay, mod brn, med plst, stiff, sl tr snd, tr slt, damp			
13	30	Sand, lt or/brn, f-m, mod srted, sl-mod slty, damp			
30	50	Clay, mod or/brn, firm, med plst, sl-mod sndy, tr calic, damp			
50	60	Clay, mod brn, med plst, firm, sl-mod sndy, sl slty, moist			MW14 - Flushmount
60	70	Sand, v lt brn/rst, mod-w srted, sl tr-mod clayey, moist			ID # 00103503
70	95	Sand, lt or/brn, f-v c, w/ f-m grvl, p srted, damp			Don Taylor

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) 07-28-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 08-05-94 under the business name of GeoCore Services, Inc. by (signature) Daug Ray

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.