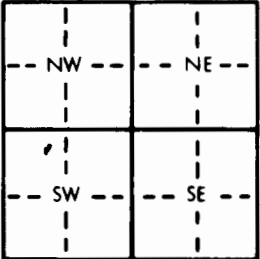


ECK #3

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

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>KINGMAN</u>		<u>NE 1/4 NW 1/4 SW 1/4</u>	<u>33</u>	T <u>28 S</u>	R <u>9</u>
Distance and direction from nearest town or city street address of well if located within city: <u>ST 100 NEW WILLOWDALE 3N 1W 1/2N EAST SIDE</u>					
2 WATER WELL OWNER: <u>KAW DRILLING CO INC.</u>		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #: <u>1010 UNION CENTER</u>		Application Number: <u>783-365</u>			
City, State, ZIP Code: <u>WICHITA KS 67202</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>130</u> ft. ELEVATION: .....			
<div style="text-align: center;">N 1 Mile W E S</div> 		Depth(s) Groundwater Encountered 1. <u>110</u> ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <u>41</u> ft. below land surface measured on mo/day/yr <u>8-23-83</u>			
		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 <u>7 7/8</u> in. to <u>130</u> 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 <u>Oil field water supply</u> 9 Dewatering 12 Other (Specify below)					
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation 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: Glued <u>XX</u> Clamped .....			
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile		Welded .....			
2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below)		Threaded .....			
Blank casing diameter <u>5</u> in. to <u>110</u> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.					
Casing height above land surface <u>12</u> in., weight <u>2.65</u> lbs./ft. Wall thickness or gauge No. <u>2-14</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 <u>PVC</u> 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: <u>18</u>		5 Gauzed wrapped 8 <u>Saw cut</u> 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 <u>110</u> ft. to <u>130</u> ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From <u>41</u> ft. to <u>130</u> ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other .....					
Grout intervals: From <u>0</u> ft. to <u>10</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
What is the nearest source of possible contamination: <u>NONE</u>		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?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	10	SAND			
10	20	SANDY CLAY			
20	60	DRY SAND			
60	70	CLAY			
70	100	DRY SAND			
110	110	CLAY			
110	130	GRAVEL			
13					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8-23-83</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>389</u> This Water Well Record was completed on (mo/day/yr) <u>8-30-83</u>					
under the business name of <u>KAISER WATER WELL SERV. INC.</u> by (signature) <u>Rudolph Kaiser</u>					
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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					