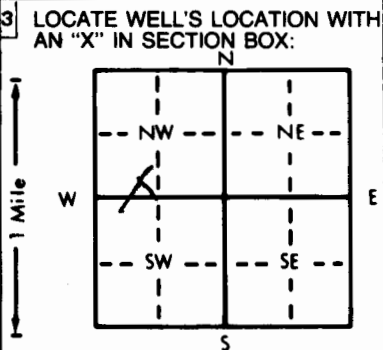


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: MEADE Fraction: SE 1/4 SW 1/4 NW 1/4 Section Number: 30 Township Number: T 30 S Range Number: R 26 EW

Distance and direction from nearest town or city street address of well if located within city?
0.25 N 0.75 W OF FOWLER

2 WATER WELL OWNER: LEVINE FRICKE
 RR#, St. Address, Box # : 401 WASHINGTON AVENUE Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : ALGONQUIN, IL 60102 Application Number:



4 DEPTH OF COMPLETED WELL: 39 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 25 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 24-25 ft. below land surface measured on mo/day/yr 2-21-95
 Pump test data: Well water was N/A ft. after _____ hours pumping _____ gpm
 Est. Yield 1-3 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 8 in. to 34 in. and _____ in. to _____ in.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well 12 Other (Specify below)
 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:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing diameter 2 in. to 23.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 36 in., weight _____ lbs./ft. Wall thickness or gauge No. SCHEDULE 40

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 12 None used (open hole) _____
SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 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 23.5 ft. to 33.5 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 21.5 ft. to 34 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement 2 Cement grout Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 18 ft., From _____ ft. to _____ ft., From 18 ft. to 21.5 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 6 Other (specify below)
 13 Insecticide storage _____ UNKNOWN _____
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	DARK BROWN CLAY			
5	10	GRAYISH BROWN SANDY SILT, SILT, SAND			
10	25	LIGHT GRAY SILT AND CLAY			
25	29	LIGHT GRAY SILTY SAND AND SANDY SILT			
29	34	LIGHT GRAY SILT, SANDY SILT, CLAY			

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) 2/21/95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 438 This Water Well Record was completed on (mo/day/yr) 3/16/95 under the business name of Huntingdon Eng + Env by (signature) William J. Purdon

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.