WATER WELL RECORD   Form WWC-5   KSA 82a-1212   ID No. _____

1 LOCATION OF WATER WELL:

| County: Meade | Fraction NW ¼ SE ¼ SW ¼ | Section Number 22 | Township Number T 30 S | Range Number R 27 E/W |

Distance and direction from nearest town or city street address of well if located within city?
4.2 m W on HWY 98 from Fowler Water Tower, 2 m N on 22 rd, 0.35 m East on Rd E.

2 WATER WELL OWNER: U.S Geological Survey
RR#, St. Address, Box # : 4821 Quail Crest Pl.
City, State, ZIP Code : Lawrence, KS 66049

Board of Agriculture, Division of Water Resources
Application Number:

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

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         N
  -- NW -- | -- NE --
 W  X            E
  -- SW -- | -- SE --
         S
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1 Mile (vertical) / 1 Mile (horizontal)

4 DEPTH OF COMPLETED WELL.....31.....ft. ELEVATION: ....
Depth(s) Groundwater Encountered   1.........ft. 2.........ft. 3.........ft.
WELL'S STATIC WATER LEVEL ...12.... ft. below land surface measured on mo/day/yr ....
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. 8.75... in. to .....31.....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 Domestic (lawn & garden)   (10) Monitoring well ....

Was a chemical/bacteriological sample submitted to Department? Yes......(No).....; If yes, mo/day/yrs sample was submitted   Water Well Disinfected? Yes   (No)

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)...............

Blank casing diameter ....2...in. to ....16.1....ft., Dia.......in. to........ft., Dia........in. to.........ft.
Casing height above land surface....32.64... in., weight..................lbs./ft. Wall thickness or gauge No. SCH 40......

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel   3 Stainless steel   5 Fiberglass   (PVC)   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: 5 Gauzed wrapped   8 Saw cut   11 None (open hole)
1 Continuous slot   (Mill slot)   6 Wire wrapped   9 Drilled holes
2 Louvered shutter   4 Key punched   7 Torch cut   10 Other (specify)...........ft.

SCREEN-PERFORATED INTERVALS: From.....16.1.....ft. to ....25.1....ft., From.........ft. to.........ft.
                             From.........ft. to.........ft., From.........ft. to.........ft.
GRAVEL PACK INTERVALS: From.....11....ft. to ...31...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 ...11....ft., From.......ft. to.......ft., From.......ft. to.......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   16 Other (specify below)
                                                        13 Insecticide storage
Direction from well?   How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Loam			
4	14	Clay			
14	24	Sand			
24	29	Clay			
29	31	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) ...5/23/2000.................. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. .... This Water Well Record was completed on (mo/day/yr) 12/18/2001..........
under the business name of U.S. Geological Survey   by (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 66620-0001. Telephone 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.