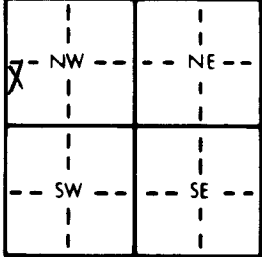


2411079

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

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sumner</u>		<u>NW 1/4 SW 1/4 NW 1/4</u>	<u>14</u>	T <u>32</u> S	R <u>1</u> E <u>(W)</u>
Distance and direction from nearest town or city street address of well if located within city? <u>623 N 'G' St. Wellington</u> <u>London</u> <u>Longley MW-6</u>					
2 WATER WELL OWNER: <u>London Enterprises</u>		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #: <u>623 N. 'G' St.</u>		Application Number:			
City, State, ZIP Code: <u>Wellington KS 67152</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>15</u> ft. ELEVATION: <u>1202.70</u>			
		Depth(s) Groundwater Encountered <u>1</u> ft. <u>7</u> ft. <u>3</u> ft.			
		WELL'S STATIC WATER LEVEL <u>7.09</u> ft. below land surface measured on mo/day/yr <u>8-30-96</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>8</u> in. to _____ 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 Lawn and garden only <input checked="" type="checkbox"/> Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
1 Steel		5 Wrought iron			
3 RMP (SR)		8 Concrete tile			
2 PVC		6 Asbestos-Cement			
4 ABS		9 Other (specify below)			
Blank casing diameter <u>2</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass			
Casing height above land surface <u>1.60</u> in., weight <u>703</u> lbs./ft. Wall thickness or gauge No. <u>sch 40</u>		Threaded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		10 Asbestos-cement			
1 Steel		8 RMP (SR)			
3 Stainless steel		11 Other (specify) _____			
2 Brass		12 None used (open hole)			
4 Galvanized steel		6 Concrete tile			
5 Gauzed wrapped		8 Saw cut			
SCREEN OR PERFORATION OPENINGS ARE:		11 None (open hole)			
1 Continuous slot		9 Drilled holes			
3 Mill slot		10 Other (specify) _____			
2 Louvered shutter		7 Torch cut			
4 Key punched		6 Wire wrapped			
SCREEN-PERFORATED INTERVALS:		From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
6 GROUT MATERIAL:		4 Other _____			
1 Neat cement		3 Bentonite			
2 Cement grout		4 Other _____			
Grout Intervals: From <u>5</u> ft. to <u>3.5</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.		10 Livestock pens			
What is the nearest source of possible contamination:		14 Abandoned water well			
1 Septic tank		17 Fuel storage (Alad)			
4 Lateral lines		15 Oil well/Gas well			
2 Sewer lines		12 Fertilizer storage			
5 Cess pool		16 Other (specify below)			
3 Watertight sewer lines		13 Insecticide storage			
6 Seepage pit		9 Feedyard			
Direction from well? <u>0'</u>		How many feet? <u>0'</u>			
FROM		TO		LITHOLOGIC LOG	
FROM		TO		PLUGGING INTERVALS	
0		15		Fill, sand and gravel	
.5		7		clay, dk brown, sl silty	
7		14		clay, grey brown, sl silty	
14		15		clay, dk brown, shale with med sd	
This is a replacement well.					
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) <u>8-30-96</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>53.1</u> This Water Well Record was completed on (mo/day/yr) <u>10-10-96</u> under the business name of <u>Geotechnical Services Inc</u> by (signature) <u>Michael M. Watson</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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					