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

1 LOCATION OF WATER WELL: County: Meade | Fraction: NW ¼ NE ¼ SW¼ | Section Number: 2 | Township Number: T 32 S | Range Number: R 28 E/W

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

SW Corner of Jefferson Street & Fowler Street

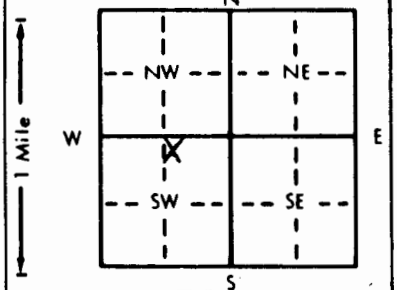
2 WATER WELL OWNER: Meade Cooperative Elevator & Supply

RR#, St. Address, Box # : North Highway 23

City, State, ZIP Code : Meade, Ks. 67864

Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF COMPLETED WELL. . . . 55 . . . . . ft. ELEVATION: . . . . NA . . . . . .

Depth(s) Groundwater Encountered 1. 42 . . . . . ft. 2. . . . . ft. 3. . . . . ft.

WELL'S STATIC WATER LEVEL . . . . . 44.76 ft. below land surface measured on mo/day/yr . . . 03-22-94 . . . . . .

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 . . . . . 55 . . . . . 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 (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 . . . . 35 . . . . . 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 . . . . . 55 . . . . ft. to . . . . . 35 . . . . ft., From . . . . . ft. to . . . . . ft.
From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

GRAVEL PACK INTERVALS: From . . . . . 55 . . . . ft. to . . . . . 33 . . . . 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 . . . . 31 . . . . . ft., From . . . . . 31 . . . . ft. to . . . . 33 . . . . . 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? northeast How many feet? 230

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2'	cly, med olv brn, v slty, org rich			
2'	9'	cly, med oran-brn, v slty, sl snd-grvl			
		szd calic			
9	20	cly, lt-med oran-brn, v slty, sl snd-grvl			
		szd caliche			
20	24	cly, med oran-brn, v slty, mod-v sndy,			
		v f-f grnd			
24	30	snd, v f-f grnd, v slty, sl-mod cly, well srtd			
30	42	cly, lt-med brn, v slty, sl-mod blck carb mat			
42	54	cly, med brn, v slty, mott green			
54	55	cly, gry-brn mott green-yell, v slty			
					MW10-flush mount cover

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) . . 03-15-94 . . . . . 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) . . . . . 04-18-94 . . . . . under the business name of GeoCore Services, Inc. by (signature) Dale A Ball

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.

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