under my jurisdiction and was completed on (mo/day/year) Kansas Water Well Contractor's License No. 594 under the business name of Coranco Great Plains, Inc. by (signature) O2/07/2008 and this record is true to the best of my knowledge and belief. This Water Well Record was completed on (mo/day/year) 04/01/2008 by (signature)			Form WWC-5			Division of Water Resources; App. No.				
Distance and direction from nearest town or city street address of well if Clobal Positioning System (decimal degrees, min. of 4 digits) located within Cart. 933 W. Carthage Ave., Meade, KS 2 WATER WELL OWNEEN:tasked coop Birstair & Supply-Randy Asternance RRW, St. Address, Box # : PO 80z 220 CITY, State, ZIP Code Meade, KS 67864 3 LOCATE WELL'S LOWNEEN: Meade, KS 67864 4 DEPTH OF COMPLETED WELL SCITION BOX: N Edit Continuous State St	County: Mea	de	SE ¼	SW ¼	SE ¼	03	т 32	S R	28 (W)	
29.3 W. Carthage Ave., Meade, KS 2 WATER WELL OWNERS threads Cop Elevator & Supply-Randy Actornan RR8, St. Address, Box # PO Box 220 City, State, LIP Code	Distance and direction from	or city stree	t address of			ning System (decin	nal degrees	s, min. of 4 digits)		
RR#, St. Address, Box # PO Box 220	located within city?									
RR#, St. Address, Box # PO Box 220	725 W. Carinage Ave., Meade, A5 Longitude: Flevetion:									
City, State, ZIP Code Medde, KS 67864 BOPTH OF COMPLETED WELL SOCATON WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL NM ft. below land surface measured on moldsylyr NM Plant Part of the state was ft. after hours pumping gpm Set. Yield gpm: Well water was ft. after hours pumping gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well Set. Yield gpm: Well water was ft. after hours pumping gpm WELL WATER TO BE USED AS: 5 Public water supply 9 Dewatering 12 Other (Specify below) Yell Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, moldsylyrs Sample was submitted Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, moldsylyrs Sample was submitted Water Well Disinfected? Yes No X Set. Yield Clamped Water Well Disinfected? Yes No X; If yes, moldsylyrs No No X STYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTIS: Glued Clamped (2 PVC) 4 ABS 7 Fiberglass Blank casing diameter 4, 2 in to 30, 55 ft, Dia in to ft, Dia in to ft. Casing height above land surface NA In, Weight Ino 8 Concrete tile CASING JOINTIS: Glued Clamped Welded Clam	2 VYAIEK VYELL UVINEK:Meade Coop Elevator & Supply- Randy Ackerman Elevation:									
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From ft. to ft. From ft. To ft	GRAVEL PACK INTERVALS: From 28, 28 ft. to 55, 59 ft. From ft. to ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite) 4 Other Grout Intervals From 1, 1 ft. to 28, 28 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 13 Insecticide Storage 16 Other (specify 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well Lust Site Direction from well? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 0 2 Clay/gravel fill 2 57.5' Clay, silty TONTRACTOR'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) 02/07/2008 and this record is true to the best-of-pny knowledge and belief. Kansas Water Well Contractor's License No. 594 This Water Well Record was completed on (mo/day/year) 04/01/2008 under the business name of Coranco Great Plains, Inc. INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SM Jackson St. Suite 420, Topeka, Kansas 66612-1367. Telepone 7507, Telepone Water Well COWNER and retain one for	From ft. to ft. From ft. to ft.									
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