

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

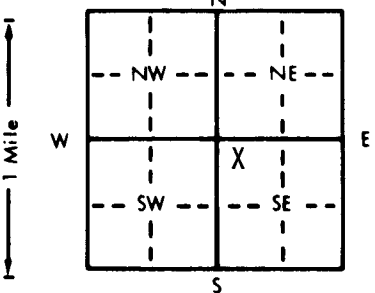
1 LOCATION OF WATER WELL: County: Stevens Fraction: NW 1/4 NW 1/4 SE 1/4 Section Number: 1 Township Number: T 33 S Range Number: R 35 E/W

Distance and direction from nearest town or city street address of well if located within city?
2 1/2 North 1 1/2 East of Woods, KS

2 WATER WELL OWNER: #1-10 Armstrong Avalon Energy
 RR#, St. Address, Box #: 3980 W. 134th Place Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Broomfield, Co. Application Number: T88-353

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

4 DEPTH OF COMPLETED WELL: 280 ft. ELEVATION: _____



Depth(s) Groundwater Encountered 1. 125 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 155 ft. below land surface measured on mo/day/yr 7-22-88
 Pump test data: Well water was 170 ft. after 2 hours pumping 60 gpm
 Est. Yield 65 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 9 in. to 280 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 Observation well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X _____; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes X No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____

Blank casing diameter 5 in. to 0-180 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 14 in., weight 200 lbs./ft. Wall thickness or gauge No. 0-265

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 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 180 ft. to 280 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 170 ft. to 280 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 20 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? West How many feet? 300

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	155	Overburden			
155	180	Clay			
180	200	Medium sand			
200	220	Coarse sand			
220	240	Medium sand			
240	260	Medium sand			
260	280	Medium sand and blue 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) 7-22-88 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 142 This Water Well Record was completed on (mo/day/yr) 7-25-88 under the business name of T & W Water Well Service, Inc. by (signature) C. Wagerseller

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

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