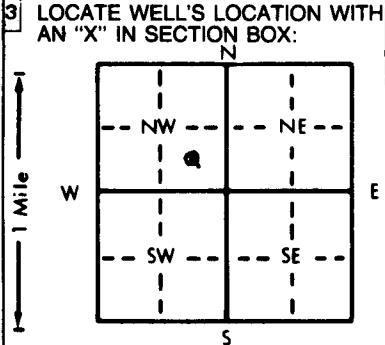


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Morton</u>	<u>N-ct 1/4 SE 1/4 NW 1/4</u>	<u>12</u>	<u>T 33 S</u>	<u>R 43 E/W</u>

Distance and direction from nearest town or city street address of well if located within city?
From Elkhart: N to Mile Post 16, 2 West, 1 South, 1/2 West, 1/2 South, 600' West

2 WATER WELL OWNER: <u>Byron C. Smith</u>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # : <u>Rt. 1, Box 74</u>	Application Number: <u>40246</u>
City, State, ZIP Code : <u>Richfield, KS 67953</u>	



4 DEPTH OF COMPLETED WELL: 454 ft. **ELEVATION:** _____ ft.

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

WELL'S STATIC WATER LEVEL .62 ft. below land surface measured on mo/day/yr 02/10/92

Pump test data: Well water was 320 ft. after 4 hours pumping 1300 gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter .26 in. to 454 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

<input type="checkbox"/> 1 Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input checked="" type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes _____ No XX; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes XX No _____

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: <u>Glued</u> _____ Clamped _____
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (specify below)	Welded <u>XX</u> _____
				Threaded _____

Blank casing diameter 16 in. to 110 ft., Dia 16 in. to 320-390 ft., Dia _____ in. to _____ ft.

Casing height above land surface 18 in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 7 PVC	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify) _____
				<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input checked="" type="checkbox"/> 3 Mill slot	<input checked="" type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 9 Drilled holes		
				<input type="checkbox"/> 10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From 454 ft. to 442 ft., From 390 ft. to 422 ft.

From 422 ft. to 442 ft., From 110 ft. to 320 ft.

GRAVEL PACK INTERVALS: From 454 ft. to 20 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:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input checked="" type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Insecticide storage	<u>Unknown</u>

Direction from well?		LITHOLOGIC LOG	How many feet?		PLUGGING INTERVALS
FROM	TO		FROM	TO	
0	10	Surface			
10	65	Clay & Sandy Clay			
65	95	Sand & Small Gravel			
95	99	Clay & Sandy Clay			
99	114	Sand & Small Gravel Mostly Clean			
114	120	Sandy Clay			
120	148	Sand (Fine Grain Some Clay Strks)			
148	174	Red Sand Fine Grain Few Clay Red Strks			
174	180	Broken Rock & Gravel (Mostly Clean)			
180	250	Gray Tan Sandrock (Drills Fair Soft)			
		193-197 Taking COnsid Water)			
250	320	Red Sandrock Red Clay Stks			
320	422	Red Clay & Shale			
422	441	White Gray Sandrock (Most Hard)			
441	455	Red Clay & Shale			

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) 02/10/92 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 514 This Water Well Record was completed on (mo/day/yr) 02/25/92 under the business name of Miller Gearhead & Pump Repair, Inc. by (signature) Ernest Miller

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.