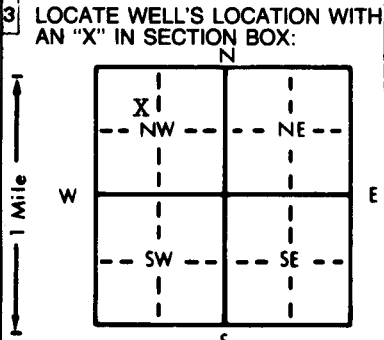


**WATER WELL RECORD Form WWC-5 KSA 82a-1212**

<b>1 LOCATION OF WATER WELL:</b> County: <b>Stevens</b>	<b>Fraction</b> SE ¼ NW ¼ NW ¼	<b>Section Number</b> 28	<b>Township Number</b> T 34 S	<b>Range Number</b> R 38 E/W
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Distance and direction from nearest town or city street address of well if located within city?  
 7 South and 5 West of Hugoton, Kansas

<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box # : City, State, ZIP Code :	John Pate 109 S. Washington Hugoton, KS 67951	Board of Agriculture, Division of Water Resources Application Number: ---
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**4 DEPTH OF COMPLETED WELL:** 440 ft. **ELEVATION:** Slope

Depth(s) Groundwater Encountered 1. Not available ft. 2. . . . . ft. 3. . . . . ft.

WELL'S STATIC WATER LEVEL . . . 215 . . . ft. below land surface measured on mo/day/yr **March 29, 1992.**

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

Est. Yield . 20 . . . . . gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

Bore Hole Diameter . 10 . . . . . in. to . . . 440 . . . . . ft., and . . . . . in. to . . . . . ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
<input checked="" type="checkbox"/> Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No  . . . . .; If yes, mo/day/yr sample was sub-  
 mitted . . . . . Water Well Disinfected? Yes  No

**5 TYPE OF BLANK CASING USED:**

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped . . . . .
<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded . . . . .
		7 Fiberglass		Threaded . . . . .

Blank casing diameter . . . . 5 . . . . . in. to . . . . 400 . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.

Casing height above land surface . . . . 18 . . . . . in., weight . . . . 2.8 . . . . . lbs./ft. Wall thickness or gauge No. . . . 265 . . . . .

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)
				12 None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**

1 Continuous slot	<input checked="" type="checkbox"/> 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 . . . . 400 . . . . . ft. to . . . 440 . . . . . ft., From . . . . . ft. to . . . . . ft.

**GRAVEL PACK INTERVALS:** From . . . . 20 . . . . . ft. to . . . 440 . . . . . ft., From . . . . . ft. to . . . . . ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout  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: **None - Pasture Well**

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? . . . . . How many feet? . . . . .

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Topsoil			
1	32	Fine Sand			
32	280	Clay			
280	310	Fine Sand			
310	382	Clay			
382	440	Clay and Med. Sand			

**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) . . . . **March 30, 1992** . . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . 252 . . . . . This Water Well Record was completed on (mo/day/year) . . . **April 1, 1992** . . . . . under the business name of **Friesen Windmill & Supply Inc.** by (signature) *[Signature]*

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.