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

1	LOCATION OF WATER WELL:	Fraction			Section Number	Township Number	Range Number
	County: REPUBLIC	NE ¼ NE ¼ SE ¼			29	T 3 S	R 4W E/W

Distance and direction from nearest town or city street address of well if located within city?
from Scandia - 2 1/2 miles south

2 WATER WELL OWNER: Robert Lervold

RR#, St. Address, Box # : Route 1

City, State, ZIP Code : Scandia, Ks. 66966

Board of Agriculture, Division of Water Resources

Application Number:

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

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        N
   -----------
  | NW  | NE  |
   -----------
 W|     |   X | E
   -----------
  | SW  | SE  |
   -----------
        S
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(1 Mile scale on left and bottom)

4 DEPTH OF COMPLETED WELL....40'.... ft. ELEVATION: .....1424....

Depth(s) Groundwater Encountered 1....13'....ft. 2.............ft. 3.............ft.

WELL'S STATIC WATER LEVEL ....7'..... ft. below land surface measured on mo/day/yr ...3-1-84...

Pump test data: Well water was ....40'.... ft. after .....3/4... hours pumping ...30..... gpm

Est. Yield .30.... gpm: Well water was .... ft. after .... hours pumping .... gpm

Bore Hole Diameter ..8".....in. to ..40'....ft., and ....in. to ....ft.

WELL WATER TO BE USED AS:

X1 Domestic   3 Feedlot   5 Public water supply   8 Air conditioning   11 Injection well
2 Irrigation   4 Industrial   6 Oil field water supply 9 Dewatering   12 Other (Specify below)
                                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:

		CASING JOINTS:
1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	Glued ...X... Clamped......
X2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded..................
		7 Fiberglass		Threaded.................

Blank casing diameter .....5"....in. to ....30'....ft., Dia............in. to.........ft., Dia..........in. to ....ft.

Casing height above land surface .12.............in., weight ......3.........lbs./ft. Wall thickness or gauge No. ..258

TYPE OF SCREEN OR PERFORATION MATERIAL: x 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   x8 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......30........ft. to   40......ft., From ....ft. to............ft.
                              From............ft. to............ft., From ....ft. to............ft.

GRAVEL PACK INTERVALS: From......10....ft. to   40....ft., From ....ft. to............ft.
                        From ....ft. to............ft., From ....ft. to............ft.

6 GROUT MATERIAL: 1 Neat cement   X 2 Cement grout   3 Bentonite   4 Other ....

Grout Intervals: From......0.....ft. to ...10.......ft., From ....ft. to............ft., From ....ft. to............ft.

What is the nearest source of possible contamination: NONE

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	LITHOLOGIC LOG
0	7	Top soil & clay			
7	13	Sand XXXXXX			
13	18	Sand & Gravel			
18	40	Gravel (good)			
40		Stopped			

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 1, 1984................... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .361............. This Water Well Record was completed on (mo/day/yr) ...March 2, 1984............. under the business name of Cox-Beswick Irrigation Service, Inc.   by (signature) _Francis Cox_

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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.