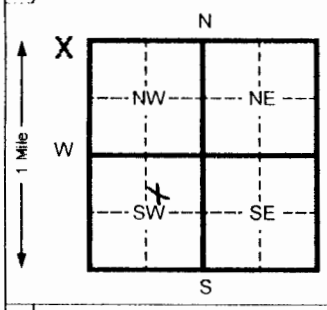
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.

1 LOCATION OF WATER WELL: County: **Decatur** | Fraction: **SW** ¼ **NE** ¼ **SW** ¼ | Section Number: **22** | Township Number: T **5** S | Range Number: R **26** E/W

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Georgina Brombereck**
RR#,ST. ADDRESS, BOX # **1526 Raymond Ave**
City, State, ZIP Code : **LaGrange Park, Ill 60526**
Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF COMPLETED WELL **100** ft. ELEVATION:
Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.
WELL'S STATIC WATER LEVEL **21** ft. below land surface measured on mo/day/yr
Pump test data: Well water was ft. after hours pumping gpm
Est. Yield gpm: Well water was ft. after hours pumping gpm
Bore Hole Diameter **9** in. to ft. and in. to ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
(1) Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
[2] PVC 4 ABS 7 Fiberglass Threaded
Blank casing diameter **5** in. to **80** ft., Dia in. to ft., Dia in. to ft.
Casing height above land surface **18** in., weight **2.355** lbs./ft. Wall thickness or gauge No. **.214**

TYPE OF SCREEN OR PERFORATION MATERIAL: 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 8 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 **80** ft. to **100** ft. From ft. to ft.
From ft. to ft. From ft. to ft.
GRAVEL PACK INTERVALS: From **20** ft. to **100** 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 **None**
Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3		Surface			
3	13		Fine & med sand			
13	20		Fine to some med sand w/clay & caliche strks			
20	27		Fine & med sand w/traces of Caliche			
27	50		Clay & caliche w/traces of sand			
50	55		Clay & caliche w/fine sand strks			
55	65		Fine sand w/clay & caliche Lenses			
65	93		Fine & med sand w/caliche & Clay lenses			
93	100		Yellow ochre/black 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/yr) **6/5/08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **783** This Water Well Record was completed on (mo/day/yr) **7/14/08** under the business name of **Woofter Pump & Well Inc.** by (signature)

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R SEC