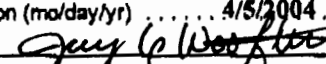


WATER WELL RECORD Form WWC-5 KSA 82a-1212

<b>1 LOCATION OF WATER WELL:</b> County: <b>Cloud</b>	Fraction SE ¼ NE ¼ NW ¼		Section Number 21	Township Number T 5 S		Range Number R 3 E <b>W</b>					
Distance and direction from nearest town or city street address of well if located within city? <b>3 mi. north of Concordia on Hwy 81</b>											
<b>2 WATER WELL OWNER:</b> <b>81 Texaco</b> RR#, St Address, Box # : <b>P.O. Box 667</b> City, State, ZIP Code : <b>Salina, Kansas 67402</b>			<b>VIEW 8</b> Board of Agriculture, Division of Water Resources Application Number:								
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>  1 Mile		<b>4 DEPTH OF COMPLETED WELL:</b> <b>35</b> ft ELEVATION: <b>1366.44</b> Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was <b>NA</b> ft. after _____ hours pumping _____ gpm Est. Yield <b>NA</b> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>11</b> in. to <b>35</b> 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 <b>12 Other (Specify below)</b> 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well _____ Vapor extraction _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>✓</b> If yes, mo/day/yr sample was submitted _____ Water Well Disinfection? Yes _____ No <b>✓</b>									
<b>5 TYPE OF BLANK CASING USED:</b> 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ <b>2 PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threated <b>✓</b> Blank casing diameter <b>4</b> in. to <b>20</b> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft. Casing height above land surface <b>0</b> in., weight <b>2.071</b> lbs./ft. Wall thickness or gauge No. <b>237</b> <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> 1 Steel 3 Stainless steel 6 Fiberglass <b>7 PVC</b> 10 Asbestos-cement 2 Brass 4 Galvanized steel 8 Concrete tile 9 RMP (SR) 11 Other (specify) _____ 9 ABS 12 None used (open hole) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> 1 Continuous slot <b>3 Mill slot</b> 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) _____ <b>SCREEN-PERFORATED INTERVALS:</b> From <b>20</b> ft. to <b>35</b> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. <b>GRAVEL PACK INTERVALS:</b> From <b>18</b> ft. to <b>35</b> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.											
<b>6 GROUT MATERIAL:</b> 1 Neat cement <b>2 Cement grout</b> <b>3 Bentonite</b> 4 Other _____ Grout intervals: From <b>5</b> ft. to <b>10</b> ft., From <b>16</b> ft. to <b>18</b> ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy <b>11 Fuel storage</b> 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____ Direction from well? _____ How many feet? <b>0</b>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
<b>0</b>		<b>2.5</b>		<b>Silt, hard, dry (topsoil), Dark Brown</b>							
<b>2.5</b>		<b>10</b>		<b>Silt, trace clay, damp, Medium Brown</b>							
<b>10</b>		<b>16.5</b>		<b>Silt, clayey, damp to moist, Dark Brown</b>							
<b>16.5</b>		<b>19</b>		<b>Silt, sandy (fine), trace clay, moist, Medium B</b>							
<b>19</b>		<b>22</b>		<b>Silt, clayey, slight petroleum odor, Brown</b>							
<b>22</b>		<b>24</b>		<b>Silt, sandy (fine), trace clay, Medium Brown</b>							
<b>24</b>		<b>26</b>		<b>Silt, sandy (fine), clayey, Dark Brown</b>							
<b>26</b>		<b>35</b>		<b>Sand, fine to coarse, silty.</b>							
						<b>VIEW 8, Flushmount</b> Project Name: <b>GF - 81 Texaco</b> <b>KDITE # AS 015 40055</b>					
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>(1)</b> constructed, <b>(2)</b> reconstructed, or <b>(3)</b> plugged under my jurisdiction and was completed on (mo/day/year) _____ <b>7/30/2003</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>551</b> This Water Well Record was completed on (mo/day/yr) <b>4/5/2004</b> under the business name of <b>Woolf Pump &amp; Well, Inc</b> by (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.											

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