GSI Job No. 057112 **MW-2**

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. 00363671

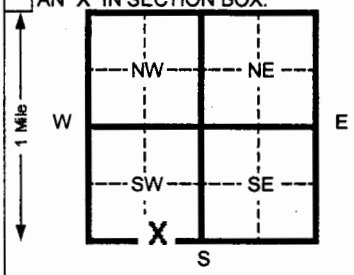
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Cloud	SW ¼ SE ¼ SW ¼	10	T 07 S	R 02 W

Distance and direction from nearest town or city street address of well if located within city?
291 E. Main Street, Aurora

2 WATER WELL OWNER: KDHE
RR#, St. Address, Box # : 1000 SW Jackson Suite 410
City, State, ZIP Code : Topeka, KS 66612

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 25 ft. ELEVATION: 99.19 TOC

Depth(s) Groundwater Encountered 1 dry ft. 2 ____ ft. 3 ____ ft.

WELL'S STATIC WATER LEVEL 22.24 ft. below land surface measured on mo/day/yr 6-16-05

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 8.5 in. to 25 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 ____ No X

5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ____ Clamped ____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
2 PVC 4 ABS 7 Fiberglass Threaded Flush

Blank casing diameter 2 in. to 15 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.

Casing height above land surface Flushmount in., weight 0.703 lbs./ft. Wall thickness or gauge No. Sch. 40

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 15 ft. to 25 ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.

GRAVEL PACK INTERVALS: From 13 ft. to 25 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 0.5 ft. to 13 ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft.

What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage

Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4		Fill, clay and brick			
4	10	CL-ML	Weathered Claystone – Silty clay			
10	15.5		Weathered Claystone, hard			
15.5	17.5		Sandstone			
17.5	25		Claystone			

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) 7-18-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 8-19-05 under the business name of Geotechnical Services, 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

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