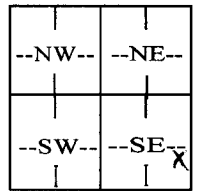


WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Mitchell	Fraction NE $\frac{1}{4}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number 20	Township Number T 7 S	Range Number R 6 E (W)
Distance and direction from nearest town or city street address of well if located within city? On property of Solomon Valley Feeders		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: Solomon Valley Feeders RR#, St. Address, Box # 3575 Jazmine Trl City, State, ZIP Code Beloit, KS 67420				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  S W E	4 DEPTH OF COMPLETED WELL 51 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 21.70 ft. below land surface measured on mo/day/yr 3/10/08 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well I Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn& garden) 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 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 **yes**

Blank casing diameter **2** in. to **39** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface **3** in., Weight **SCH40** lbs./ft. Wall thickness or guage No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass **7** PVC 9 ABS 11 Other (Specify) _____
 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot **3** Mill slot 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **46** ft. to **36** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **51** ft. to **35** 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 **35** ft. to **1** 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 13 Insecticide Storage 16 Other (specify below)
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
 3 Watertight sewer lines 6 Seepage pit **9** Feedyard 12 Fertilizer Storage 15 Oil well/gas well
 Direction from well? **SOUTHWEST** How many feet? **999**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Silt, w/much organic matter	32	2	Bentonite chips, hydrated
1	5	Silt, drk brn, w/much clay & some VF sand changing to Silt, tan, soft w/much clay & some caliche			
5	8.5	Silt, tan w/some clay & VF sand, soft changing to Silt, SAA, soft			
8.5	13	Silt, dark brown, w/much silt changing to Clay, dark brown, firm			
13	18	Clay, tan, w/Fe stain, soft changing to clay, tan-gray, w/Fe stain moist soft			
18	29	Clay, SAA changing to silt, brown, wet soft changing to Clay, drk brn, moist, firm, w/much silt, some VF sand, clay, SAA			
29	32.5	Sand VF-C w/some pebbles, tan gray, w/clay & silt streaks			
32.5	33	clay, gray, sandy, wet, heavy sands			
33	55	S & G, VF-med, tan-gray w/some silt & clay changing to VF-VC sand w/ gravel & some pebbles, clear			MW- 2R 2d
55	65	sandy VF-Med, w/some clay			

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) **3/11/08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **665** This Water Well Record was completed on (mo/day/year) _____ under the business name of **Pratt Well Service, Inc.** by (signature) *Steven Pratt*

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, Geology Section, 1 000 SW Jackson St., Suite 420, Topeka, Kansas 66612- 1 367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdhe.state.ks.us/geo/waterwells>.