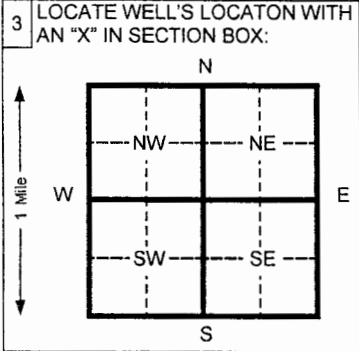


1 LOCATION OF WATER WELL: County: **Douglas** Fraction: **NE ¼ SE ¼ NE ¼** Section Number: **36** Township Number: **T 12 S** Range Number: **R 19E EW**

Distance and direction from nearest town or city street address of well if located within city?
602 W. 9th Street, Lawrence KS 66044

2 WATER WELL OWNER: **KDHE-BER**
 RR#, St. Address, Box #: **Presto Convenience Store #25** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **U4-023-13799** Application Number:



4 DEPTH OF COMPLETED WELL: **20** ft. ELEVATION: **857.45 TOC**

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL: **10.41** ft. below land surface measured on **6/9/05**

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 _____ 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
2 Irrigation	4 Industrial	7 Lawn and garden (domestic)
		10 Monitoring well

12 Other (Specify below)

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:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass		Welded _____ Threaded X

Blank casing diameter **2** in. to **20** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **0** in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
				12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	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) _____	

SCREEN-PERFORATED INTERVALS: From **5** ft. to **20** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **3** ft. to **20** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **Cement 0-2'**

Grout Intervals From **2** ft. to **3** 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	

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
3	5		Clay w/silt, brick fragments, soft, moist, dk brown/tan mottled, no odor			Flushmount waiver by D. Taylor
8	10		Silt w/clay, dk brown, v soft, moist			
13	15		Clay w/silt, dk grey/brown, oxidized, soft, moist, no odor			
18	20		Clay w/silt, dk grey/brown, oxidized, soft, moist, no odor, WET			

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JUL 11 2006
BUREAU OF WATER

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) **5/15/06** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **757** This Water Well Record was completed on (mo/day/yr) **6/19/06** under the business name of **Larsen & Associates, Inc** by (signature) *Willie Mann*

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.