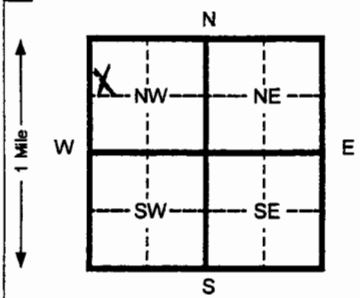


1 LOCATION OF WATER WELL: Fraction **SW 1/4 NW 1/4 NW 1/4** Section Number **31** Township Number **T 12 S** Range Number **R 20E EW**
 County: **Douglas**

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

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



4 DEPTH OF COMPLETED WELL **25** ft. ELEVATION: **856.54 TOC**
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **11.30** ft. below land surface measured on mo/day/yr **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 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: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded **X**
 Blank casing diameter **2** in. to **25** 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 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 **PVC** 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 **Mill slot** 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From **10** ft. to **25** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **8** ft. to **25** 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 **8** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 **Fuel storage** 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below)

FROM	TO	CODE	LITHOLOGIC LOG*	FROM	TO	PLUGGING INTERVALS
0	2	CL	Clay w/silt			
3	5	CL	Clay w/silt			Flushmount waiver by D. Taylor
8	10	CL	Clay w/silt			
13	15	CL	Clay w/silt			
<p>RECEIVED JUL 11 2006 BUREAU OF WATER</p>						
*Description generalized from conditions encountered throughout the site.						

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) **5/10/06** 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) **6/16/06** under the business name of **Larsen & Associates, Inc** by (signature) *Kelly Larsen*

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.

CORRECTED