

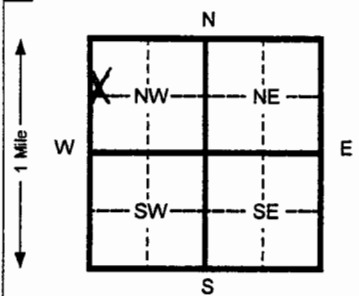
1 LOCATION OF WATER WELL: County: Douglas	Fraction SW ¼ NW ¼ NW ¼	Section Number 31	Township Number T 12 S	Range Number R 20E E/W
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Distance and direction from nearest town or city street address of well if located within city?

833 Ohio, Lawrence KS 66044

2 WATER WELL OWNER: KDHE-BER RR#, St. Address, Box # : Presto Convenience Store #25 City, State, ZIP Code : U4-023-13799	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.	ELEVATION: 20 ft. 852.66 TOC	
WELL'S STATIC WATER LEVEL 7.20 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: 1 Domestic 3 Feed lot 2 Irrigation 4 Industrial 7 Lawn and garden (domestic)	5 Public water supply 8 Air conditioning 9 Dewatering 10 Monitoring well	6 Oil field water supply 11 Injection 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 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 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 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 7 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 3 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 5 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From 3 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other 4 Cement 0-2'	Grout Intervals From 2 ft. to 3 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.	10 Livestock pens 11 Fuel storage 11 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below)
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		
Direction from well? _____ How many feet? _____		

FROM	TO	CODE	LITHOLOGIC LOG*	FROM	TO	PLUGGING INTERVALS
0	2	CL	Clay w/silt			
						Flushmount waiver by D. Taylor
3	5	CL	Clay w/silt			
8	10	CL	Clay w/silt			
13	15	CL	Clay w/silt			
RECEIVED						
JUL 11 2006						
BUREAU OF WATER						
*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) 5/12/06 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) <i>[Signature]</i>
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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1080 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