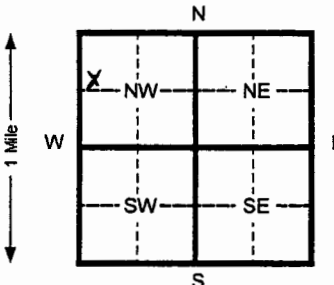


1 LOCATION OF WATER WELL: County: Douglas	Fraction SW ¼ NW ¼ NW ¼	Section Number 31	Township Number T 12 S	Range Number R 20E EW
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Distance and direction from nearest town or city street address of well if located within city?
841 Louisiana, Lawrence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

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 20 ft. ELEVATION: 858.51 TOC Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 12.49 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
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5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass 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: 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: 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. 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. From _____ ft. to _____ ft.	CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded X
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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	FROM	TO	PLUGGING INTERVALS
0	1	Clay w/silt			
					Flushmount waiver by D. Taylor
3	5	Clay w/silt			
8	10	Clay w/silt			
13	15	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) **5/15/06** 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) *Kelly Ann*

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