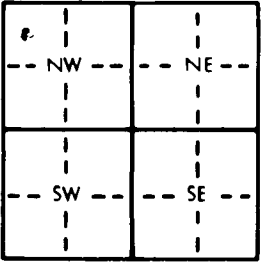


<b>1 LOCATION OF WATER WELL:</b> County: <u>Wabun sec</u> Fraction <u>W 1/4 NW 1/4 NW 1/4</u> Section Number <u>36</u> Township Number <u>T 13 S</u> Range Number <u>R 10 E/W</u> Distance and direction from nearest town or city street address of well if located within city?																																										
<b>2 WATER WELL OWNER:</b> <u>Stuene Brothers</u> RR#, St. Address, Box #: <u>BOX 158</u> City, State, ZIP Code: <u>AIMA, KS 66401</u> Board of Agriculture, Division of Water Resources Application Number:																																										
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"></div>	<b>4 DEPTH OF COMPLETED WELL:</b> <u>25</u> ft. ELEVATION: ..... Depth(s) Groundwater Encountered 1. <u>19</u> ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL <u>19</u> ft. below land surface measured on mo/day/yr <u>7/16/91</u> 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. <b>WELL WATER TO BE USED AS:</b> <table border="0"><tr><td><input checked="" type="checkbox"/> 1 Domestic</td><td><input type="checkbox"/> 3 Feedlot</td><td><input type="checkbox"/> 6 Oil field water supply</td><td><input type="checkbox"/> 9 Dewatering</td><td><input type="checkbox"/> 11 Injection well</td></tr><tr><td><input type="checkbox"/> 2 Irrigation</td><td><input type="checkbox"/> 4 Industrial</td><td><input type="checkbox"/> 7 Lawn and garden only</td><td><input type="checkbox"/> 10 Monitoring well</td><td><input type="checkbox"/> 12 Other (Specify below)</td></tr></table> Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 11 Injection well	<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 10 Monitoring well	<input type="checkbox"/> 12 Other (Specify below)																															
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<b>5 TYPE OF BLANK CASING USED:</b> <table border="0"><tr><td><input type="checkbox"/> 1 Steel</td><td><input type="checkbox"/> 3 RMP (SR)</td><td><input type="checkbox"/> 5 Wrought iron</td><td><input type="checkbox"/> 8 Concrete tile</td></tr><tr><td><input type="checkbox"/> 2 PVC</td><td><input type="checkbox"/> 4 ABS</td><td><input type="checkbox"/> 6 Asbestos-Cement</td><td><input checked="" type="checkbox"/> 9 Other (specify below) <u>Rock</u></td></tr><tr><td colspan="2"></td><td><input type="checkbox"/> 7 Fiberglass</td><td></td></tr></table> Blank casing diameter <u>32</u> in. to <u>25</u> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft. Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. .... <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <table border="0"><tr><td><input type="checkbox"/> 1 Steel</td><td><input type="checkbox"/> 3 Stainless steel</td><td><input type="checkbox"/> 5 Fiberglass</td><td><input type="checkbox"/> 8 RMP (SR)</td><td><input checked="" type="checkbox"/> 10 Asbestos-cement</td></tr><tr><td><input type="checkbox"/> 2 Brass</td><td><input type="checkbox"/> 4 Galvanized steel</td><td><input type="checkbox"/> 6 Concrete tile</td><td><input type="checkbox"/> 9 ABS</td><td><input checked="" type="checkbox"/> 11 Other (specify) <u>Rock</u></td></tr><tr><td colspan="2"></td><td></td><td></td><td><input type="checkbox"/> 12 None used (open hole)</td></tr></table> <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <table border="0"><tr><td><input type="checkbox"/> 1 Continuous slot</td><td><input type="checkbox"/> 3 Mill slot</td><td><input type="checkbox"/> 5 Gauzed wrapped</td><td><input type="checkbox"/> 8 Saw cut</td><td><input type="checkbox"/> 11 None (open hole)</td></tr><tr><td><input type="checkbox"/> 2 Louvered shutter</td><td><input type="checkbox"/> 4 Key punched</td><td><input type="checkbox"/> 6 Wire wrapped</td><td><input type="checkbox"/> 9 Drilled holes</td><td></td></tr><tr><td colspan="2"></td><td><input type="checkbox"/> 7 Torch cut</td><td><input checked="" type="checkbox"/> 10 Other (specify) <u>Rock</u></td><td></td></tr></table> <b>SCREEN-PERFORATED INTERVALS:</b> From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.	<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input checked="" type="checkbox"/> 9 Other (specify below) <u>Rock</u>			<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)	<input checked="" type="checkbox"/> 10 Asbestos-cement	<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS	<input checked="" type="checkbox"/> 11 Other (specify) <u>Rock</u>					<input type="checkbox"/> 12 None used (open hole)	<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)	<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes				<input type="checkbox"/> 7 Torch cut	<input checked="" type="checkbox"/> 10 Other (specify) <u>Rock</u>	
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<b>6 GROUT MATERIAL:</b> <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other Grout intervals: From <u>4.5</u> ft. to <u>4</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. What is the nearest source of possible contamination: <table border="0"><tr><td><input type="checkbox"/> 1 Septic tank</td><td><input type="checkbox"/> 4 Lateral lines</td><td><input type="checkbox"/> 7 Pit privy</td><td><input type="checkbox"/> 10 Livestock pens</td><td><input type="checkbox"/> 14 Abandoned water well</td></tr><tr><td><input type="checkbox"/> 2 Sewer lines</td><td><input type="checkbox"/> 5 Cess pool</td><td><input type="checkbox"/> 8 Sewage lagoon</td><td><input type="checkbox"/> 11 Fuel storage</td><td><input type="checkbox"/> 15 Oil well/Gas well</td></tr><tr><td><input type="checkbox"/> 3 Watertight sewer lines</td><td><input type="checkbox"/> 6 Seepage pit</td><td><input type="checkbox"/> 9 Feedyard</td><td><input type="checkbox"/> 12 Fertilizer storage</td><td><input type="checkbox"/> 16 Other (specify below)</td></tr><tr><td colspan="2"></td><td></td><td><input type="checkbox"/> 13 Insecticide storage</td><td><u>None</u></td></tr></table> Direction from well? ..... How many feet? .....		<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well	<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well	<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below)				<input type="checkbox"/> 13 Insecticide storage	<u>None</u>																					
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			<u>4</u>	<u>0</u>	<u>SOIL</u>																																					
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7/16/91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/yr) <u>7/16/91</u> under the business name of ..... by (signature) <u>Danny H. Rogers</u>																																										
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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																										