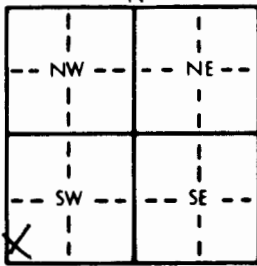


1 LOCATION OF WATER WELL: Fraction SW 1/4 SW 1/4 SW 1/4 Section Number 7 Township Number T 14 S Range Number R 8 EW
 County: MORRIS

Distance and direction from nearest town or city street address of well if located within city?
7TH - MAIN - DWIGHT KS.

2 WATER WELL OWNER: JIM KIRKEMINDE
 RR#, St. Address, Box #: 7TH - MAIN - DWIGHT KS 66849
 City, State, ZIP Code: _____
 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: 35 ft. ELEVATION: 1492.10 TOP OF CASING
 Depth(s) Groundwater Encountered 1. 27 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 26.6 ft. below land surface measured on mo/day/yr 07-07-93
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 7.25 in. to 35 ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 5 Public water supply _____ 8 Air conditioning _____ 11 Injection well _____
 1 Domestic _____ 3 Feedlot _____ 6 Oil field water supply _____ 9 Dewatering _____
 2 Irrigation _____ 4 Industrial _____ 7 Lawn and garden only _____ 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 _____ 3 RMP (SR) _____ 6 Asbestos-Cement _____ 9 Other (specify below) _____
2 PVC _____ 4 ABS _____ 7 Fiberglass _____
 Blank casing diameter 2 in. to 2.0 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface 24 in., weight SCH 40 lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel _____ 3 Stainless steel _____ 5 Fiberglass _____ 8 RMP (SR) _____
 2 Brass _____ 4 Galvanized steel _____ 6 Concrete tile _____ 9 ABS _____
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot _____ 3 Mill slot _____ 6 Wire wrapped _____ 9 Drilled holes _____
 2 Louvered shutter _____ 4 Key punched _____ 7 Torch cut _____ 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 2.0 ft. to 35 ft. From _____ ft. to _____ ft.
SAND From _____ ft. to _____ ft. From _____ ft. to _____ ft.
~~GRAVEL~~ PACK INTERVALS: From 19 ft. to 35 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement _____ 2 Cement grout #4 Gc 3 Bentonite _____ 4 Other BENTONITE GROUT
 Grout Intervals: From 18 ft. to 19 ft. From 4 Gc ft. to 18 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) CONTAMINATED SITE
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>6L</u>	<u>2.5</u>	<u>SOIL - DR. GRAY CLAY</u>			
<u>2.5</u>	<u>17</u>	<u>SILTY CLAY</u>			<u>STRONG HERBICIDE ODOR</u>
<u>17</u>	<u>19</u>	<u>WEATHERD L.S. SOME S. CLAY</u>			<u>FROM 10' TO 16'</u>
<u>19</u>	<u>22</u>	<u>L.S. + L.S. COBLE WITH S. CLAY</u>			
<u>22</u>	<u>25</u>	<u>SILTY CLAY WITH L.S. CURRL</u>			<u>HERBICIDE ODOR 22' TO 25'</u>
<u>25</u>	<u>35</u>	<u>L.S. - HTS - LAYERS -</u>			

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/year) 07-02-93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 479 This Water Well Record was completed on (mo/day/yr) 07-17-93 under the business name of EBBERTS DRILLING by (signature) Susan Ebberts

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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R EW SEC. 1/4 1/4 1/4