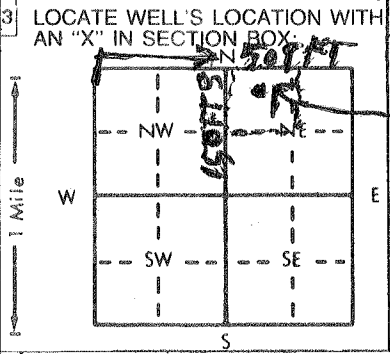


1 LOCATION OF WATER WELL: County MORRIS Fraction NC 1/4 W 1/2 1/4 NE 1/4 Section No. 2 Township Number 15 Range Number R 8 EW

Distance and direction from nearest town or city street address of well if located within ALTA VISTA KAN 6 1/2 S 1/2 EAST

2 WATER WELL OWNER: LESTER PASTERLINE ANDELDO CASTERLINE
 RR#, St. Address, Box #: RFD 2 BOX 38 Board of Agriculture, Division of Water Resource
 City, State, ZIP Code: ALTA VISTA KANSAS 66834 Application Number: _____



4 DEPTH OF COMPLETED WELL: 60 FT ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. ~~10 FT~~ 8 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 52 ft. below land surface measured on mo/day/yr NOV 2 1992
 WELL 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: 8 IN .in. to _____ ft., and _____ .in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED: NONE
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass ROCK LINED Threaded _____
 Blank casing diameter: 8 IN HOLE .in. to _____ ft., Dia. _____ .in. to _____ ft., Dia. _____ .in. to _____ ft.
 Casing height above land surface: NONE .in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass N/A 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile N/A 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot N/A 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched N/A 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 8 ft. to 4 ft., From 53-56 ft. to _____ ft., From _____ ft. to 32 FT 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	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		<u>SAND NO CASING</u>			
<u>BOTTOM</u>	<u>52</u>	<u>FEET CLEAN DIRT 1 FT</u>	<u>3 FT</u>	<u>BENTONITE</u>	<u>4 FT DIRT</u>
		<u>PLUGGED NOV 28 1992</u>			
<u>FROM 1/2 MILE LINE EAST</u>	<u>509 FT</u>		<u>150 FT</u>	<u>SOUTH OF CENTER OF ROAD</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) NOV 28 1992 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 1500 This Water Well Record was completed on (mo/day/yr) _____ under the business name of _____ by (signature) LESTER PASTERLINE

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.