

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Marion	SE $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$	11	T 18 S	R 4 E

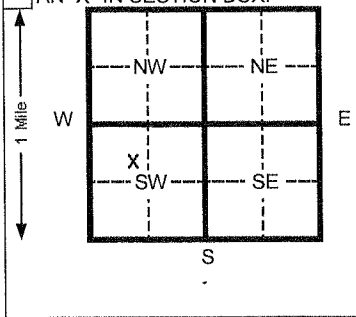
Distance and direction from nearest town or city street address of well if located within city?
502 W. 6th St. - Lincolnville

2 WATER WELL OWNER: **Agri Producers, Inc.**

RR#, St. Address, Box # : **PO Box 25** Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **Tampa, KS 67483** Application Number: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **31.7** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1 **Dry** ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr

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 **8.25** in. to **32** 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
2 Irrigation	4 Industrial	7 Lawn and garden (domestic)
		9 Dewatering
		10 Monitoring 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**

OFFICE USE ONLY

5 TYPE OF BLANK CASING USED:

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		Threaded Flush

Blank casing diameter **2** in. to **21.7** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **48** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

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	4 Key punched	7 Torch cut	10 Other (specify)
2 Louvered shutter				

SCREEN-PERFORATED INTERVALS: From **21.7** ft. to **31.7** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **19** ft. to **32** ft. From _____ ft. to _____ ft.

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6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other _____

Grout intervals From **1** ft. to **19** 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? _____

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FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5		Topsoil			
0.5	12		Silty Clay, dark brown to brown			
12	32		Shale, gray to yellow brown, with Limestone interbeds below 22.5'			

**GPS:
Latitude: N 38.49855
Longitude: W 96.96321**

SEC

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) **03/20/13** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **04/10/13** under the business name of **GSI Engineering, LLC** by (signature) _____

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.