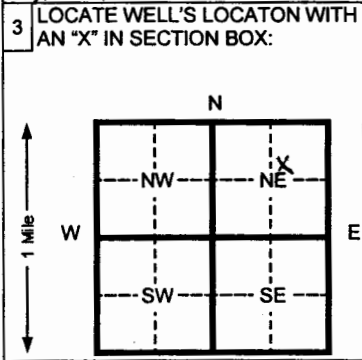


Corrected

1 LOCATION OF WATER WELL: County: Brown	Fraction SW ¼ NE ¼ NE ¼	Section Number 35	Township Number T 1 S	Range Number R 15 E
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Distance and direction from nearest town or city street address of well if located within city?
Approximately 0.2 miles west of Fanning St. and COOP, North of Terrapin Creek

2 WATER WELL OWNER: **USDA, CEPD,/FSA/CCC c/o Argonne Laboratories, Argonne, Illinois**
 RR#, St. Address, Box # : **1400 Independence Ave.** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Washington, DC 20250-0513** Application Number:



4 DEPTH OF COMPLETED WELL **27** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered **11.5** ft. 2 _____ ft. 3 _____ ft. Ft.
 WELL'S STATIC WATER LEVEL **NA** ft. below land surface measured on mo/day/yr **05/05/04**
 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. to **28** 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** **MW-6S**
 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)	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 X

Blank casing diameter **4** in. to **10** Ft., Dia. **4** To **27** ft., Dia. _____ in. to _____ ft.
 Casing height above land surface **FLUSH** 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)	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	7 Torch cut	9 Drilled holes	10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **10** ft. to **25** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 SAND PACK INTERVALS: From **7** ft. to **27** 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 **Bentonite Seal**
 Grout Intervals From **4** ft. to **7** Ft. From **3** to **1** Ft. From **2** to **0** ft. to **1** 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	Contaminated Site

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1		Soil			
1	13		Clay, Brown			
13	23		Shale, grey			
23	26		Weathered Limestone			
26	28		Shale, Grey			
28	TD		End of Borehole			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was Completed on (mo/day/yr) **05/05/04** And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **06/01/04** under the business name of **Associated Environmental, Inc.** By (signature) **Darin R Duncan**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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

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