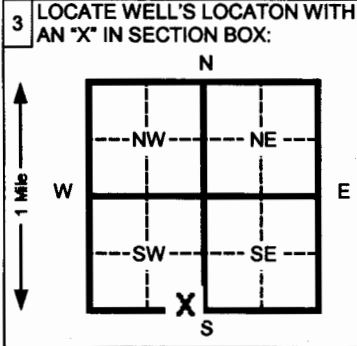


1 LOCATION OF WATER WELL: Fraction **SE ¼ SE ¼ SW ¼** Section Number **19** Township Number **T 22 S** Range Number **R 2** **(EW)**  
 County: **Harvey**

Distance and direction from nearest town or city street address of well if located within city?  
**U.S. Highway 50, Walton, Kansas**

2 WATER WELL OWNER: **Farmer's Grain COOP**  
 RR#, St. Address, Box # : **P.O. Box 467** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **North Newton, Kansas 67117** Application Number:



4 DEPTH OF COMPLETED WELL **13.5** ft. ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1 **NA** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL **11.99** ft. below land surface measured on mo/day/yr **06/06/06**  
 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 **8.5** in. to **13.5** 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**  
 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
**2 PVC** 4 ABS 7 Fiberglass \_\_\_\_\_ Threaded **X**  
 Blank casing diameter **2.375** in. to **5.0** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **Flush Mount** in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. **Schedule 40**  
 TYPE OF SCREEN OR PERFORATION MATERIAL: **7 PVC** 10 Asbestos-cement  
 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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 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 **13.5** ft. to **5.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **13.5** ft. to **3.0** 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 **0.0** ft. to **1.0** ft. From **1.0** ft. to **3.0** 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 (former)** 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? **East-southeast** How many feet? **225**

| FROM  | TO   | CODE | LITHOLOGIC LOG  |
|---|------|------|---|
| 0.0   | 4.0  |      | Very dark brown silty clay, roots, friable, moist   |
| 4.0   | 8.0  |      | Dark brown-brown silty clay, firm, moist  |
| 8.0   | 9.0  |      | Brown-slightly light brown silty clay, small limestone fragments, some oxides, firm, moist  |
| 9.0   | 10.0 |      | Olive brown silty clay, some limestone fragments and oxides, very firm, moist-slightly moist  |
| 10.0  | 13.0 |      | Olive very slightly weathered-weathered shale, limestone gravel, caliche, evaporite crystals, hard, slightly moist, very moist @ 11', slight odor |
| 13.0  | 13.5 |      | Limestone   |
| Flush-mount well completion waiver existent for site. |      |      |   |

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) **06/01/06** and this record is true to the best of my knowledge and belief. Kansas  
 Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **06/08/06**  
 under the business name of **Quad State Services, Inc.** 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.

OFFICE USE ONLY

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