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			submitted	<u> </u>					Water Well	Disinfected?	Yes	No X		
5 TYPE OF BLANK CASING USED:					Wrought	Iron	8 Conc	rete tile	CA:	SING JOINTS	: Glued	Clamped		
1 1 s	Steel	3 R	MP (SR)	6	Asbestos	s-Cement	9 Other	r (speci	fy below)		Welded			
(2)PVC 4 ABS			7	7 Fiberglas	ss						X			
Blank casing diameter 2.375 in. to			8.0	ft., Dia		in. to ft., Dia			a	in. to f				
Casing height above land surface Flush Mou					weight		_		lbs./ft. Wall thi	ckness or gau	ige No.	Schedule 40	Ò	
TYPE OF	SCREEN OR P	IAL:			(7)	PVC		10 Asbesto	s-cement					
1 Steel 3 Stainless steel			5	Fiberglas	8 RMP (SR) 11 Othe			11 Other (s	er (specify)					
2 B	2 Brass 4 Galvanized steel				Concrete			9 ABS 12 None			e used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:					;	5 Gauze	ed wrapped		8 Sa	w cut	11	None (open hole)	
1 Continuous slot (3) Mill slot								9 Dr						
2 L	ouvered shutter	'	4 Key punc	hed		7 Torch	cut		10 Ot	her (specify)				
SCREEN-	-PERFORATED	INTERV	ALS: From	28	.0 ft.	to	8.0		ft. From _		ft. to		_ f	
			From		ft.	to			ft. From		ft. to		f	
G	RAVEL PACK I	NTERVA	LS: From	28	.0 ft.	to	6.5		ft. From		ft. to		f.	
			From		ft.	to			ft. From		ft. to		f	
6 GROUT MATERIAL: 1 Neat cement					Cement grout			3 Bentonite 4 Other						
Grout Inte	rvals From	0.0	ft. to	1.0	ft. From	1.	0 ft.	to	6.5 f	. From	f	t. to	f	
	e nearest sourc								ned water well					
1 S	eptic tank		4 Later	al lines	7	Pit privy		(11)	Fuel storage	(former)	15 Oil well/	Gas well		
2 Sewer lines 5 Ce		5 Cess	pool	ol 8 Sewage I		lagoon	12	12 Fertilizer storage		16 Other (specify below)				
3 Watertight sewer lines 6 Seepage			age pit	9	Feedyard	t	13	Insecticide st	orage					
					lorthwest			How many feet?				40		
FROM	ТО	CODE											_	
0.0	0.5		Concrete						-					
0.5	4.0		Dark brown-brown silty clay, firm, moist											

4.0 Brown silty clay, firm, moist 12.0 12.0 17.0 Dark brown-brown fine grained sand, slightly gravely, moist, wet @16' 17.0 21.0 Brown fine grained sand, gravely, wet 21.0 28.0 Brown fine-medium grained sand, gravely, poorly sorted, sub-rounded, wet Flush-mount well completion waiver existent for site.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) onstructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 01/23/08 and this record is true to the best of my knowledge and belief kansas 692

Water Well Contractor's License No. This Water Well Record was completed Quad State Services, Inc. under the business name of by (signature)

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records