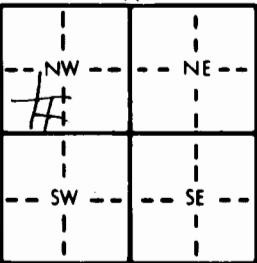


1 LOCATION OF WATER WELL:		Fraction <i>SW 1/4 SE 1/4 NW 1/4</i>	Section Number <i>1731</i>	Township Number <i>T 26S</i>	Range Number <i>R 40 E</i>		
Distance and direction from nearest town or city street address of well if located within city <i>1/2 S 1/2 E of Hwy 4 West 5 North of Augusta</i>							
2 WATER WELL OWNER:		<i>Keri Loss 233 E Clark Augusta Kan</i>					
RR#, St. Address, Box #		67010					
City, State, ZIP Code		Board of Agriculture, Division of Water Resources					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		Application Number:					
		4 DEPTH OF COMPLETED WELL ..... 85 ft. ELEVATION: ..... Depth(s) Groundwater Encountered 1. 65 ft. 2. ..... ft. 3. ..... ft. WELL'S STATIC WATER LEVEL 30 ft. below land surface measured on mo/day/yr Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield 30 gpm. Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter 8.5 in. to ..... ft., and ..... in. to ..... ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 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 Observation well Was a chemical/bacteriological sample submitted to Department? Yes ..... No ..... X If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes X No					
5 TYPE OF BLANK CASING USED:		5 Wrought iron 6 Asbestos-Cement 7 Fiberglass	8 Concrete tile 9 Other (specify below)	CASING JOINTS: Glued ..... X Clamped ..... Welded ..... Threaded ..... ft.			
Blank casing diameter 5 in. to 50 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.		20.0 lbs./ft. Wall thickness or gauge No. 214					
Casing height above land surface 18 in., weight .....		7 PVC 8 RMP (SR) 9 ABS					
TYPE OF SCREEN OR PERFORATION MATERIAL:		5 Gauzed wrapped 6 Wire wrapped 7 Torch cut	10 Asbestos-cement 11 Other (specify) 12 None used (open hole)	11 None (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		50	8 Saw cut 9 Drilled holes 10 Other (specify)	ft. to ..... ft. From ..... ft. to ..... ft. ft. to ..... ft. From ..... ft. to ..... ft. ft. to ..... ft. From ..... ft. to ..... ft.			
SCREEN-PERFORATED INTERVALS: From ..... 50 ft. to ..... 85 ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.		ft. to ..... ft. From ..... ft. to ..... ft. ft. to ..... ft. From ..... ft. to ..... ft. ft. to ..... ft. From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From ..... ft. to ..... ft. From ..... ft. to ..... ft.		ft. to ..... ft. From ..... ft. to ..... ft.					
6 GROUT MATERIAL: 1 Neat cement Grout Intervals: From ..... 0 ft. to ..... 20 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.		2 Cement grout 7 Pit privy 8 Sewage lagoon 9 Feedyard	3 Bentonite 4 Other 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage	14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)			
What is the nearest source of possible contamination:		How many feet? 175					
Direction from well? N							
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG	
0	3	Soil					
3	15	Clay					
15	85	Shale					
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) 6/16/88 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 251 This Water Well Record was completed on (mo/day/yr) 6/28/88 by (signature) Charles Winter							
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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.							