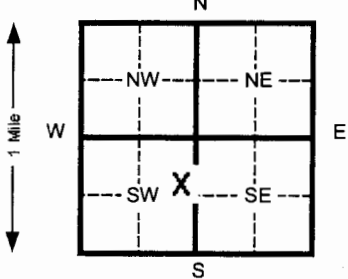


1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number	
County: Sedgwick		NE ¼ NE ¼ SW ¼	03		T 27 S		R 01	
Distance and direction from nearest town or city street address of well if located within city? North side of 24th Street; ~300 ft. west of Jardine								
2 WATER WELL OWNER:		Union Pacific Railroad						
RR#, St. Address, Box #		1416 Dodge Street, Room 930						
City, State, ZIP Code		Omaha NE 68179						
		Board of Agriculture, Division of Water Resources Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 52.1 ft. ELEVATION:						
		Depth(s) Groundwater Encountered 1 _____ 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 8.5 in. to 52.1 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:								
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 40.3 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.								
Casing height above land surface Flushmount 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) _____			7 PVC 10 Asbestos-cement					
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 6 Wire wrapped 9 Drilled holes			5 Gauzed wrapped 8 Saw cut 11 None (open hole)					
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____								
SCREEN-PERFORATED INTERVALS: From 40.3 ft. to 45.3 ft. From _____ ft. to _____ ft.								
GRAVEL PACK INTERVALS: From 38.3 ft. to 45.5 ft. From _____ ft. to _____ ft.								
6 GROUT MATERIAL:								
1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____								
Grout intervals From 1 ft. to 38.3 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			11 Fuel storage 15 Oil well/ Gas well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) _____								
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage								
Direction from well? _____ How many feet? _____								
FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS								
0 15 Clay & Silt								
15 45 Sand								
45 Top of 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/yr) 11-14-03 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) 11-20-03 under the business name of Geotechnical 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.								