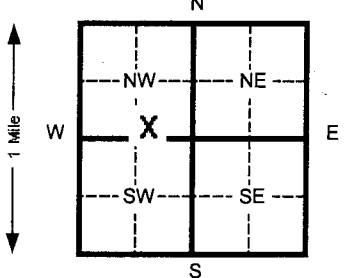
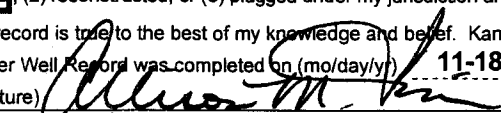


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: Sedgwick		SW ¼ SE ¼ NW ¼	15	T 27 S	R 01 E	
Distance and direction from nearest town or city street address of well if located within city? North side of 10th Street; ~115 ft east of Platt						
2 WATER WELL OWNER:		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 30.5 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 30.5 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:		CASING JOINTS: _____				
1 Steel 3 RMP (SR)		5 Wrought Iron 8 Concrete tile				
2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)				
7 Fiberglass		Flush				
Blank casing diameter 2 in. to 25.3 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:		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 25.3 ft. to 30.3 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 23.2 ft. to 30.5 ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____						
Grout Intervals From 1 ft. to 23.2 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well				
1 Septic tank 4 Lateral lines 7 Pit privy 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	5		Clay & Silt			
5	30		Sand			
30			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) 11-18-03		
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.						