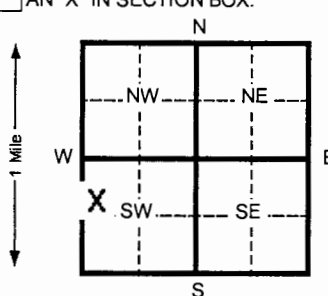


1 LOCATION OF WATER WELL: County: <b>Neosho</b>	Fraction: <b>SW ¼ NW ¼ SW ¼</b>	Section Number: <b>28</b>	Township Number: <b>T 27 S</b>	Range Number: <b>R 18 E</b>
--	---------------------------------	---------------------------	--------------------------------	-----------------------------

Distance and direction from nearest town or city street address of well if located within city?  
**1422 S. Santa Fe, Chanute, KS**

2 WATER WELL OWNER: **No Mug LLC**  
 RR#, St. Address, Box # : **2110 S. Santa Fe**  
 City, State, ZIP Code : **Chanute, KS**  
 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: <b>15</b> ft. ELEVATION: Depth(s) Groundwater Encountered _____ ft. 2 _____ ft. 3 _____ Ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr <b>03/28/11</b> 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 <b>8.625</b> In. to <b>15</b> 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 <b>Monitoring well</b> <b>MW-10</b> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was Submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>
---	---

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** **X**

Blank casing diameter **2** in. to **5** Ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **FLUSH** In., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 7 **PVC** 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) \_\_\_\_\_  
 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 **5** ft. to **15** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 SAND PACK INTERVALS: From **4** ft. to **15** 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 2 **0** ft. to **1** From 3 **1** to **4** 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 15 Oil well/ Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 **Other (specify below)**  
**Contaminated Site**

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5		Topsoil			
0.5	3		Clay			
3	15		Sandstone			
15	TD		End of Borehole			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w  
 Completed on (mo/day/yr) **03/28/11** And this record is true to the best of my knowledge and belief. Kansas  
 Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **04/22/11**  
 under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J. Johnson**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T

R

SEC