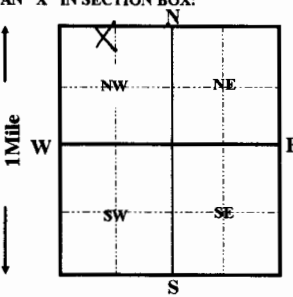


1 LOCATION OF WATER WELL: <b>Sumner</b>	FRACTION <b>NE 1/4 NW 1/4 NW 1/4</b>	Section Number <b>18</b>	Township Number <b>T 31 S</b>	Range Number <b>R 1E E/W</b>
--	---	-----------------------------	----------------------------------	---------------------------------

Distance and direction from nearest town or city street address of well if located within city?

**1 1/2 W. of Belle Plaine Y, 2 m. S. of Hwy. 81, 1/3 W., 1/8 S. Belle Plaine,**

2 WATER WELL OWNER: <b>WARREN, Jerry</b> RR#, ST. ADDRESS, BOX #: <b>R#2 Box 115-24</b> CITY, STATE, ZIP CODE: <b>Belle Plaine, Kansas</b>	Board of Agriculture, Division of Water Resource Application Number:
--	---

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL <b>110</b> ft. ELEVATION: Depth(s) groundwater Encountered <b>1</b> ft. <b>2</b> ft. <b>3</b> ft. WELL'S STATIC WATER LEVEL <b>30</b> FT. BELOW LAND SURFACE MEASURED ON <b>09/09/1994</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>12</b> in. to <b>110</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 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____
--	--

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS Blank casing Diameter <b>5</b> in. to <b>30</b> ft., Dia _____ in. to _____ ft. Casing height above land surface <b>12</b> in., weight <b>2.35</b> lbs. / ft. Wall thickness or gauge No. <b>.214</b>	5 Wrought iron 8 Concrete tile 6 Asbestos-Cement 9 Other (Specify below) 7 Fiberglass <b>SDR-26</b>	CASING JOINTS: <input checked="" type="checkbox"/> Clamped Welded Threaded
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 other (specify) 12 None used (open hole)	SCREEN OR PERFORATION OPENING ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify)	
SCREEN-PERFORATION INTERVALS: from <b>30</b> ft. to <b>110</b> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: from <b>24</b> ft. to <b>110</b> ft., From _____ ft. to _____ ft.		

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From <b>4</b> ft. to <b>24</b> 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 Abandon 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) 13 Insecticide storage <b>None Apparent</b>
---	---

Direction from well?			How many feet?		
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	topsoil			
3	20	brown shale			<b>SEPTIC SYSTEM NOT INSTALLED AT THIS TIME</b>
20	110	grey shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>09/09/1994</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>236</b> This Water Well Record was completed on (mo/day/yr) <b>09/12/94</b> Under the business name of <b>Harp Well &amp; Pump Service, Inc</b> by (signature)	<i>Jane Frederick</i>
--	-----------------------