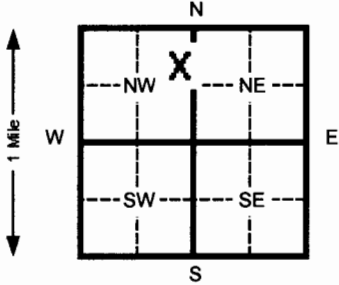


1 LOCATION OF WATER WELL: County: <b>Cowley</b>		Fraction <b>SE ¼ NE ¼ NW ¼</b>	Section Number <b>28</b>	Township Number T <b>32</b> S	Range Number R <b>4</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span>
Distance and direction from nearest town or city street address of well if located within city? <b>702 Main Street, Winfield, Kansas</b>					
2 WATER WELL OWNER: <b>Norma Shryock</b> RR#, St. Address, Box # : <b>25 Angelina Drive</b> City, State, ZIP Code : <b>Augusta, Kansas 67010</b> 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>24.5</b> ft. ELEVATION: Depth(s) Groundwater Encountered 1 <b>14.0</b> ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <b>12.88</b> ft. below land surface measured on mo/day/yr <b>08/05/08</b> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>7.5</b> in. to <b>24.5</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) <b>10</b> Monitoring well 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 _____ <b>2</b> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass _____ Threaded <b>X</b> Blank casing diameter <b>2.375</b> in. to <b>9.5</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <b>Flush Mount</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Schedule 40</b> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass <b>7</b> 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 <b>3</b> Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <b>24.5</b> ft. to <b>9.5</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <b>24.5</b> ft. to <b>8.5</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement <b>2</b> Cement grout <b>3</b> Bentonite 4 Other _____ Grout Intervals From <b>0.0</b> ft. to <b>1.0</b> ft. From <b>1.0</b> ft. to <b>8.5</b> ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy <b>11</b> Fuel storage (former) 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/ Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____ Direction from well? <b>East</b> How many feet? <b>145</b>					
FROM		TO		CODE	
0.0		1.0		Concrete	
1.0		5.0		Dark brown-brown silty clay, very firm, moist	
5.0		14.0		Brown red silty clay, slightly sandy, very firm, moist-slightly moist	
14.0		23.0		Brown red silty clay, sandy, slightly gravelly, wet	
23.0		24.5		Light brown silty clay, sandy, gravelly, limestone fragments, wet	
24.5				White-light brown limestone, weathered, siliceous	
Flush-mount well completion waiver existent for site.					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>1</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>08/05/08</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>692</b> This Water Well Record was completed on (mo/day/yr) <b>08/21/08</b> under the business name of <b>Quad State Services, Inc.</b> by (signature) _____					

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SEC

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.