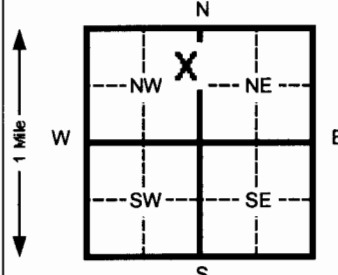


1 LOCATION OF WATER WELL: Fraction **SE ¼ NE ¼ NW ¼** Section Number **28** Township Number **T 32 S** Range Number **R 4** NW
 County: **Cowley**
 Distance and direction from nearest town or city street address of well if located within city?
702 Main Street, Winfield, Kansas

2 WATER WELL OWNER: **Norma Shryock**
 RR#, St. Address, Box # : **25 Angelina Drive** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Augusta, Kansas 67010** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

 4 DEPTH OF COMPLETED WELL **21.5** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 **14.5** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **12.42** ft. below land surface measured on mo/day/yr **08/05/08**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **NA** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **7.5** in. to **21.5** 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 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No

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
 Blank casing diameter **2.375** in. to **6.5** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface **Flush Mount** in., weight _____ lbs./ft. Wall thickness or gauge No. **Schedule 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 3 Mill slot 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **21.5** ft. to **6.5** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **21.5** ft. to **5.5** 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 **0.0** ft. to **1.0** ft. From **1.0** ft. to **5.5** 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 (former) 15 Oil well/ Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____
 13 Insecticide storage
 Direction from well? **Southeast** How many feet? **125**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	1.0		Concrete
1.0	2.0		Brick
2.0	4.5		Dark brown silty clay, gravely, hard, dry
4.5	14.5		Brown red silty clay, slightly sandy, hard-very firm, dry-slightly moist
14.5	20.0		Brown red silty clay, sandy, trace gravel, wet; slightly discolored gray, slight odor
20.0	21.5		Light brown silty clay, sandy, very gravely, limestone fragments, wet; discolored gray, moderate odor
21.5			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 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) **08/05/08** and this record is true to the best of my knowledge and belief, Kansas
 Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **08/21/08**
 under the business name of **Quad State 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.

OFFICE USE ONLY

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