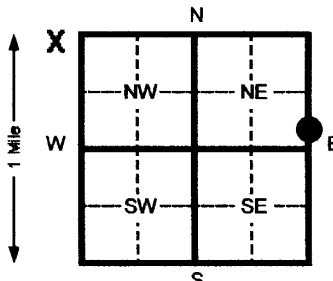


1 LOCATION OF WATER WELL: Fraction **SE ¼ NE ¼ NE ¼** Section Number **30** Township Number **T 4 S** Range Number **R 18 E**  
 County: **Brown**  
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **United States Department of Agriculture**  
 RR#, St. Address, Box #: **Stop 0513, Room 4717-S, 1400 Independence Ave, SW** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Washington, DC 20250-0513** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF COMPLETED WELL **70.7** ft. ELEVATION: **1,150.13'**  
 Depth(s) Groundwater Encountered 1 **36'** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL **32** ft. below land surface measured on mo/day/yr **05/10/05**  
 Pump test data: Well water was **None** ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield \_\_\_\_\_ gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Bore Hole Diameter **5.25** in. to **21** ft. and **3.25** in. to **70.7** 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 **Sand Point 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:  
 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 **1** in. to **46.2** ft. Dia **N/A** in. to \_\_\_\_\_ ft. Dia **N/A** in. to **N/A** ft.  
 Casing height above land surface **Flush Mount** in., weight **Schedule 40** lbs./ft. Wall thickness or gauge No. **.133"**  
 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)  
 9 ABS 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS 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-PERFORATED INTERVALS: From **46.2** ft. to **70.7** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **45.2** ft. to **70.7** 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** ft. to **43** ft. From Bent Chips **43** ft. to **45.2** ft. From **N/A** ft. to **N/A** 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)  
 13 Insecticide storage  
 Direction from well? \_\_\_\_\_ How many feet? **250'**

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3'		Top Soil			
3'	30'		Clay and Silt			
30'	43'		Sand and Silt			
43'	70.7		Sand with some Silt and Clay			

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) **May 10, 2006** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **680** This Water Well Record was completed on (mo/day/yr) **05/19/06** under the business name of **Delta Environmental Services** 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.