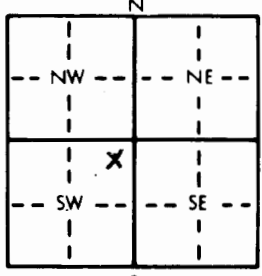


1 LOCATION OF WATER WELL: County: ATCHINSON Fraction: NE 1/4 NE 1/4 SW 1/4 Section Number: 2 Township Number: T 6 S Range Number: R 20 EW

Distance and direction from nearest town or city street address of well if located within city?  
613 S. 22nd, ATCHINSON, KS

2 WATER WELL OWNER: ATCHINSON CITY HWY DEPT. MW-1  
 RR#, St. Address, Box #: 613 S. 22nd Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: ATCHINSON, KS 66002 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF COMPLETED WELL: 19.0 ft. ELEVATION: 878.71 6.6  
 Depth(s) Groundwater Encountered 1. 14 ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL: 13.86 ft. below land surface measured on mo/day/yr 6/10/97  
 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: 8.25 in. to 19.0 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  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  PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_ Welded \_\_\_\_\_ Threaded   
 Blank casing diameter 2 in. to 9 ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface 0 in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  PVC 10 Asbestos-cement  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) \_\_\_\_\_  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot  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 19 ft. to 9 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From 19 ft. to 8 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout  Bentonite 4 Other \_\_\_\_\_  
 Grout Intervals: From 8 ft. to 6 ft., From 6 ft. to 0 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy  Fuel storage 10 Livestock pens 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? IN UST BASIN How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'	4'	CLAY - BROWN, SILTY, SOME FINE SAND MOIST, STIFF, NO ODOR			
4'	9'	CLAY - RED-BROWN, SILTY, MOIST, STIFF, NO ODOR			
9'	14'	CLAY - BROWN, SILTY, SANDY, MOIST, STIFF, NO ODOR			
14'	16'	CLAY - BROWN-GRAY, SILTY, SANDY, WET, STIFF, NO ODOR			
16'	19'	CLAY - BROWN-GRAY, SILTY, SANDY, WET, STIFF, PETRO. ODOR			

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/year) 6/6/97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 614 This Water Well Record was completed on (mo/day/yr) 6/23/97 under the business name of Maxim/KTC by (signature) William C. Val

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top 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 EW SEC. 1/4 1/4 1/4