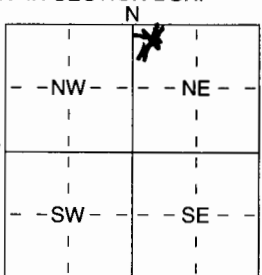


1 LOCATION OF WATER WELL: Fraction NW 1/4 NW 1/4 NE 1/4 Section Number 29 Township Number T 7 S Range Number R 4 E
 County: CLAY

Distance and direction from nearest town or city street address of well if located within city?
1/2 MILE WEST OF GREEN, KS

2 WATER WELL OWNER: ALVIN ANDERSON
 RR#, St. Address, Box # : 2025 215th Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : CLAY CENTER, KS. Application Number: _____

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

 4 DEPTH OF COMPLETED WELL 180 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 150 ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL 142 ft. below land surface measured on mo/day/yr 12/16/02
 Pump test data: Well water was _____ ft. after _____ hours pumping gpm
 Est. Yield 30 gpm: Well water was _____ ft. after _____ hours pumping gpm
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Domestic (lawn & garden) 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes X No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter 5 in. to 160 ft. Dia in. to ft. Dia in. to ft.
 Casing height above land surface 24 in., weight lbs./ft. Wall thickness or gauge No. SDR 26
 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) _____
 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) _____ ft.
 SCREEN-PERFORATED INTERVALS: From 160 ft. to 180 ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 25 ft. to 180 ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 25 ft. From _____ ft. to _____ 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 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) NEW CONSTRUCTION
 13 Insecticide storage
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	SOIL			
3	10	SHALE BROWN			
10	11	LIMESTONE			
11	90	SHALE, BROWN TO RED			
90	94	LIMESTONE			
94	119	SHALE, BROWN TO RED			
119	121	LIMESTONE			
121	124	CRUMBLY LIMESTONE			
124	128	SHALE RED			
128	135	LIMESTONE			
135	149	SHALE, RED TO GRAY			
149	152	LIMESTONE			
152	180	SHALE GRAY			
	180	TOTAL DEPTH			

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/year) 12/16/02 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 585 This Water Well Record was completed on (mo/day/yr) 1/10/03 under the business name of ASSOCIATED PAVEMENTMENT INC by (signature) [Signature]

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.