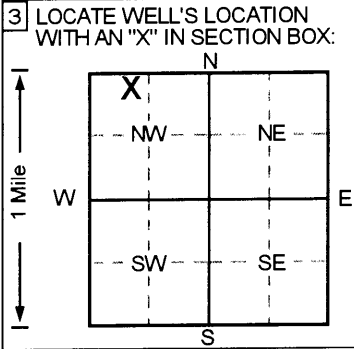


1 LOCATION OF WATER WELL: County: Clay	Fraction NE ¼ NW ¼ NW ¼	Section Number 8	Township Number T 8 S	Range Number R 3 <u>EW</u>
--	-----------------------------------	----------------------------	---------------------------------	--------------------------------------

Distance and direction from nearest town or city street address of well if located within city?
823/813 6th Street, Clay Center, Kansas

2 WATER WELL OWNER: **Kwik Corner/Shannon's Conoco**
 RR#, St. Address, Box # : **813/823 South 6th Street** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Clay Center, Kansas 67432** Application Number:



4 DEPTH OF COMPLETED WELL **38** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1..... ft. 2..... ft. 3..... ft.
 WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr
 Pump test data: Well water was **NA** ft. after hours pumping gpm
 Est. Yield .. **NA** .. gpm: Well water was ft. after hours pumping gpm
 Bore Hole Diameter **8** in. to **38** 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 **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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
2 PVC 4 ABS 7 Fiberglass Threaded. **✓**
 Blank casing diameter **2** in. to **23** ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface **0** in., weight lbs./ft. Wall thickness or gauge No. **Sch. 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL **7** 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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot **3** Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)
 SCREEN-PERFORATED INTERVALS: From **23** ft. to **38** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **21** ft. to **38** 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 **19** ft., From **19** ft. to **21** 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)
 13 Insecticide storage
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Clay, Dark Brown			
2	4	Silt, Dark Brown to Brown			
4	10	Silt, Dark Brown to Brown			
10	14	Silt, Brown to Dark Brown			
14	16	Silt, Brown			
16	21	Silt, Brown			
21	22	Silt, Dark Brown			
22	24	Silt, Light Green to Brown			
24	27	Silt, Light Green			
27	30	Sand, Tan			
30	38	Sand, Tan			
					MW14, Tag # 00164133, Flushmount
					Project Name: AG and W - Kwik Corner
					GeoCore # 331, KDHE # U5 014 1002

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) **4/29/96** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **5/28/96**
 under the business name of **GeoCore Services, Inc.** by (signature) *Dale Kobl*

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