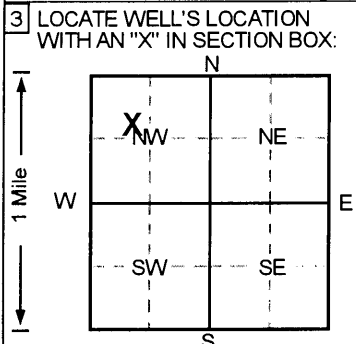


1 LOCATION OF WATER WELL: County: <b>Clay</b>	Fraction <b>SE ¼ NW ¼ NW ¼</b>	Section Number <b>8</b>	Township Number <b>T 8 S</b>	Range Number <b>R 3</b> <b>(E/W)</b>
--	-----------------------------------	----------------------------	---------------------------------	---

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**  
 City, State, ZIP Code : **Clay Center, Kansas 67432**  
 Board of Agriculture, Division of Water Resources  
 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 **Observation 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 . . . . .
<b>2 PVC</b>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded . . . . .
		7 Fiberglass		Threaded. <input checked="" type="checkbox"/>

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

1 Steel	3 Stainless steel	5 Fiberglass	<b>7 PVC</b>	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	<b>3 Mill slot</b>	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 . . . . . **23** . . . . . ft. to . . . . . **38** . . . . . ft., From . . . . . ft. to . . . . . ft.

GRAVEL PACK INTERVALS: From . . . . . **21** . . . . . ft. to . . . . . **38** . . . . . 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	<b>16 Other (specify below)</b>
			13 Insecticide storage	

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Concrete,			
0.5	2	Clay, Dark Brown			
2	4	Silt, Dark Brown to Brown			
4	8	Silt, Dark Brown			
8	10	Silt, Brown to Dark Brown			
10	16	Silt, Brown to Dark Brown			
16	21	Silt, Brown			
21	26	Silt, Light Green to Gray			
26	28	Silt, Light Green to Gray			
28	32	Sand			
32	38	Sand,			
					OBW1 , Tag # 00164102 , 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 Rohl*

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.  
1/2  
1/2  
1/2