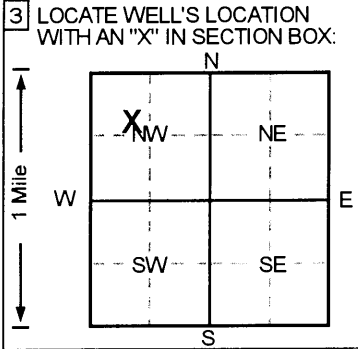


|  |                                   |                            |                                 |   |
|--|-----------------------------------|----------------------------|---------------------------------|---|
| 1 LOCATION OF WATER WELL:<br>County: <b>Clay</b> | Fraction<br><b>SE ¼ NW ¼ NW ¼</b> | Section Number<br><b>8</b> | Township Number<br><b>T 8 S</b> | Range Number<br><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** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Clay Center, Kansas 67432** Application Number:



4 DEPTH OF COMPLETED WELL . . . . . **35** . . . . . 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 . . . . . **35** . . . . . 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 **Air Sparging Obser.**  
 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 . . . . .  
**(2) PVC** 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .  
 7 Fiberglass . . . . . Threaded.   
 Blank casing diameter . . . . . **2** . . . . . in. to . . . . . **30** . . . . . 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:  
 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 . . . . . **30** . . . . . ft. to . . . . . **35** . . . . . ft., From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 GRAVEL PACK INTERVALS: From . . . . . **28** . . . . . ft. to . . . . . **35** . . . . . 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 . . . . . **26** . . . . . ft., From . . . . . **26** . . . . . ft. to . . . . . **28** . . . . . ft., From . . . . . ft. to . . . . . ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage **(16) Other (specify below)**  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 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   | 27  | Silt, Light Green to Gray |      |    |                                      |
| 27   | 28  | Silt, Light Green to Gray |      |    |                                      |
| 28   | 32  | Sand, Gray                |      |    |                                      |
| 32   | 35  | Sand,                     |      |    |                                      |
|      |     |                           |      |    | ASOW2, Tag # 00164140, 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 Roll*

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

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