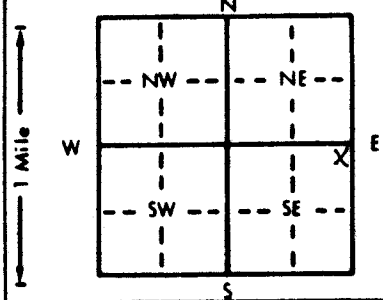


1 LOCATION OF WATER WELL: Fraction NE 1/4 NE 1/4 SE 1/4 Section Number 13 Township Number T 10 S Range Number R 37 EW  
 County: SHERMAN

Distance and direction from nearest town or city street address of well if located within city?  
legal confirmed by GMD 4

2 WATER WELL OWNER: FWD & LOIS E. STARNES  
 RR#, St. Address, Box #: HCI BOX 78 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: WINONA, KS 67764 Application Number:

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



4 DEPTH OF COMPLETED WELL UNK ft. ELEVATION:

Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL DRY ft. below land surface measured on mo/day/yr  
 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 .... in. to .... ft., and .... in. to .... ft.  
 WELL WATER TO BE USED AS:  
 1 Domestic     3 Feedlot     6 Oil field water supply     9 Dewatering     11 Injection well  
 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:  
 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 5 in. to .... ft., Dia ..... in. to .... ft., Dia ..... in. to .... ft.  
 Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. ....

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) .....

SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From ..... ft. to ..... 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 6 ft. to 3 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)  
 13 Insecticide storage

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
					<i>removed pad and upper casing</i>
			<del>6</del> 6	6	<i>sand</i>
			6	3	<i>hole plug chips</i>
			3	0	<i>clay</i>

**RECEIVED**

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DIVISION OF ENVIRONMENT

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) ..... and this record is true to the best of my knowledge and belief. Kansas  
 Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/yr) 9-5-91  
 under the business name of ..... by (signature) *Warren Starnes*

OFFICE USE ONLY  
T  
R  
EW  
SEC.  
1/4  
1/4  
1/4