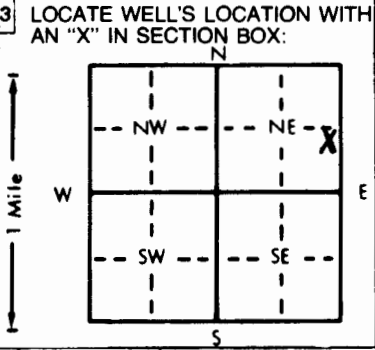


mw-5

1 LOCATION OF WATER WELL: Fraction **NE 1/4 SE 1/4 NE 1/4** Section Number **31** Township Number **T 11 S** Range Number **R 26 E/W**
 County: **Gove**

Distance and direction from nearest town or city street address of well if located within city?
I-70 and Castlerock Road

2 WATER WELL OWNER:
 RR#, St. Address, Box # **Coastal Mart #2506, Attn: Ray Briggs** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code **303 Keo Way, Des Moines, IA 50306** Application Number: **-----**



4 DEPTH OF COMPLETED WELL: **82** ft. ELEVATION: **-----**
 Depth(s) Groundwater Encountered 1. **71** ft. 2. **-----** ft. 3. **-----** ft.
 WELL'S STATIC WATER LEVEL **69.5** ft. below land surface measured on **mo/day/yr** **10-12-95**
 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: **8.625** in. to **85** 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 mw-5**
 Was a chemical/bacteriological sample submitted to Department? Yes **-----** No **X**; If yes, mo/day/yr sample was submitted **-----**
 Water Well Disinfected? Yes **-----** No **X**

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 **X**
 Blank casing diameter **2** in. to **57** ft., Dia **-----** in. to **-----** ft., Dia **-----** in. to **-----** ft.
 Casing height above land surface **0** in., weight **SCH 40 PVC** lbs./ft. Wall thickness or gauge No. **-----**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 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 **57** ft. to **82** ft., From **-----** ft. to **-----** ft.
SAND From **-----** ft. to **-----** ft., From **-----** ft. to **-----** ft.
GRAVEL PACK INTERVALS: From **56** ft. to **85** 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 **54** ft., From **54** ft. to **56** 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)**
Contaminated Si
 Direction from well? **-----** How many feet? **-----**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
GL	1.00	Soil			
1.00	23.50	Silty Clay (CL)			
23.50	27.50	Sandy Silt (ML)			
27.50	49.00	Silty Sand (SP)			
49.00	71.00	Clayey Silt (ML)			
71.00	78.00	Sand (SP)			
78.00	85.00	Clayey Silt			
85.00	TD	End of borehole			

Flush Mount waiver
D. Taylor
8/21/95

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) **10/3/95** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **11-9-95** under the business name of **Associated Environmental, Inc.** by (signature) *Dec Johnson for Thain Duncan*

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 E/W SEC. 1/4 1/4 1/4