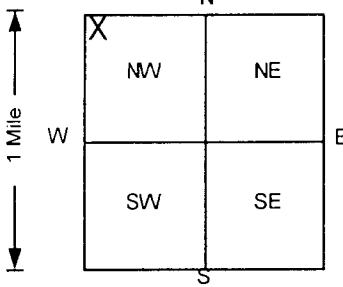


1 LOCATION OF WATER WELL: Fraction **NW 1/4 NW 1/4 NW 1/4** Section Number **32** Township Number **T 11 S** Range Number **R 26 E W**
 County: **Gove**

Distance and direction from nearest town or city street address of well if located within city?
Interstate 70 & Highway 212; Quinter, Kansas

2 WATER WELL OWNER: **Graham 66 Service**
 RR#, St. Address, Box # : **P.O. Box 386** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code **Quinter, Kansas 67752** Application Number:

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

 4 DEPTH OF COMPLETED WELL **90** ft. ELEVATION: **2659.68**
 Depth(s) Groundwater Encountered 1. **75** 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 **90** 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 **60** ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface **-5.04** 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 **60** ft. to **90** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **55** ft. to **90** 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 **53** ft., From **53** ft. to **55** 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)**
Underground Storage
 Direction from well? **September** How many feet? **210**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil,	55	60	Sand, Orange with Gray
2	5	Silt, Light Brown	60	65	Sand, Orange with Gray
5	10	Silt, Light Brown	65	70	Sand, Orange
10	15	Silt, Brown	70	75	Sand, Orange
15	16.5	Silt, Dark Chocolate Brown	75	80	Sand, Brown
16.5	18	Caliche, White	80	85	Sand, Gray
18	25	Silt, Brown White	85	87	Sand, Brown
25	30	Sand, Brown	87	90	Sand, Brown
30	35	Sand, Brown Orange			
35	40	Sand, Orange Brown			
40	43	Calcrete, White			
43	46	Sand, Orange			
46	47	Sand, Orange			MW19, Tag # 00345031, Flushmount
47	50	Sand, Orange			Project Name: Graham 66 Service-Graham Contact
50	55	Sand, Orange			GeoCore # 794, KDIHE # U6 032 00513

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) **2/1/02** 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) **2/28/02**
 under the business name of **GeoCore Services, Inc.** by (signature) *[Signature]*

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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SEC.

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