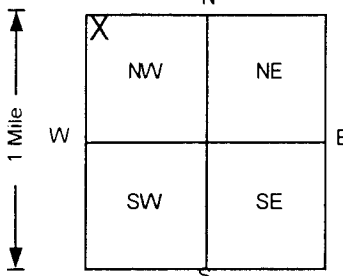


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: **Gove** NW ¼ NW ¼ NW ¼ 32 T 11 S R 26 **EW**

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: **2660.75**
 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 **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 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 **-4.44** 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 **52.5** ft., From **52.5** 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? **SW** How many feet? **84**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil,	55	57	Sand, Brown
2	5	Silt, Light Brown	57	59	Sand, Brown
5	10	Silt, Light Brown	59	65	Sand, Orange Brown
10	15	Silt, Light Brown	65	70	Sand, Brown
15	20.5	Silt, Dark Chocolate Brown	70	72	Silt, Orang Gray
20.5	22	Calcrete,	72	75	Sand, White Brown
22	26	Silt, Dark Brown	75	80	Sand, Brown
26	30	Sand, Brown	80	85	Sand, Brown
30	31	Sand, Brown	85	90	Gravel,
31	35	Silt, Dark Brown			
35	40	Silt, Brown Orange			
40	43	Calcrete, White			
43	45	Silt, Dark Brown			MW18, Tag # 00345024, Flushmount
45	50	Sand, Orange			Project Name: Graham 66 Service-Graham Contact
50	55	Sand, Brown			GeoCore # 794, KDHE # 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) *Don Pitt*

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.