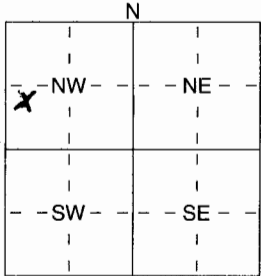


1 LOCATION OF WATER WELL: County: <u>Decatur</u>	Fraction <u>NW 1/4 SW 1/4 NW 1/4</u>	Section Number <u>22</u>	Township Number T <u>1</u> S	Range Number R <u>26</u> E <u>W</u>
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Distance and direction from nearest town or city street address of well if located within city?

10 miles NW Norcator KS.

2 WATER WELL OWNER: <u>Robert Mapes</u> RR#, St. Address, Box # : <u>904 Valley Drive</u> City, State, ZIP Code : <u>Norion KS 67654</u>	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL ..... <u>65</u> ..... ft. ELEVATION: ..... Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft. WELL'S STATIC WATER LEVEL <u>37</u> ..... ft. below land surface measured on mo/day/yr ..... Pump test data: Well water was <u>50</u> ..... ft. after ..... hours pumping ..... <u>15</u> ..... gpm Est. Yield <u>15</u> ..... gpm; Well water was ..... ft. after ..... hours pumping ..... gpm WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Domestic (lawn & garden) <input type="checkbox"/> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> .....; If yes, mo/day/yr sample was submitted Water Well Disinfected? <input checked="" type="checkbox"/> Yes    No
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5 TYPE OF BLANK CASING USED: <input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS	5 Wrought iron    8 Concrete tile 6 Asbestos-Cement    9 Other (specify below) 7 Fiberglass	CASING JOINTS: Glued <input checked="" type="checkbox"/> ..... Clamped ..... Welded ..... Threaded .....
Blank casing diameter ..... <u>5</u> ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.		
Casing height above land surface ..... <u>12</u> ..... in., weight ..... <u>200</u> ..... lbs./ft. Wall thickness or gauge No. <u>265</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless Steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-Cement <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized Steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (Specify) ..... <input type="checkbox"/> 12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> 1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes		
SCREEN-PERFORATED INTERVALS: From <u>45</u> ..... ft. to <u>65</u> ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.		
GRAVEL PACK INTERVALS: From <u>20</u> ..... ft. to <u>65</u> ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.		

6 GROUT MATERIAL: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other .....	Grout Intervals: From <u>5</u> ..... ft. to <u>20</u> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.	What is the nearest source of possible contamination: <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input checked="" type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 13 Insecticide storage Direction from well? How many feet? <u>30'</u>
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	31	CLAY			
31	50	Coarse Sand			
50	60	Small Gravel			
60	65	SHALE			

RECEIVED

NOV 24 2004

BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... <u>8-23-04</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No ..... <u>701-A</u> ..... This Water Well Record was completed on (mo/day/yr) ..... <u>9-13-04</u> ..... under the business name of <u>Wilcox Well Drilling LLC</u> by (signature) <u>Mark Reich</u>
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