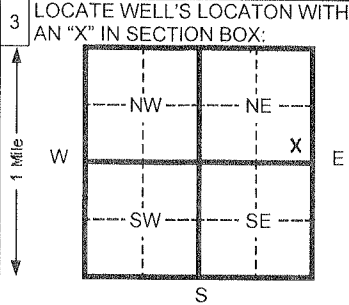


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Lincoln	SE ¼ SE ¼ NE ¼	14	T 12 S	R 10 W

Distance and direction from nearest town or city street address of well if located within city?
Approx 240' W, 55' N of intersection of Main St. and Elevator St. - Sylvan Grove

2 WATER WELL OWNER: **Farmer's Elevator Company**
 RR#, St. Address, Box # : **129 S. Main St.** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Sylvan Grove, KS 67481** Application Number:



4 DEPTH OF COMPLETED WELL **35** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 **29** 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 _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **8.25** in. to **35** ft. and **2** in. to **37** ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) **10 Monitoring well**
 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 Flush**
 Blank casing diameter **2** in. to **25** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **0** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**

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) _____
 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 **25** ft. to **35** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **23** ft. to **37** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other _____
 Grout Intervals From **1** ft. to **23** 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	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5		Topsoil, dark brown, with rock and brick fragments			
0.5	5		Clay, light brown, with sand and gravel			
5	10		Silty Clay, brown, with nodules			
10	15		Sandy Clay, yellow-brown to tan, with calcareous nodules			
15	16		Sand, yellow-orange, with trace silt and clay			
16	22		Sandstone and Conglomerate			GPS:
22	35		Sandy Silty, gray and light brown-yellow mottled, with trace clay			Latitude: 39.00921667
35	37		Sand, yellow-brown, fine grained, with silt			Longitude: -98.39415

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/yr) **11/11/11** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **12-2-11** under the business name of **Geotechnical Services Inc.** by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.