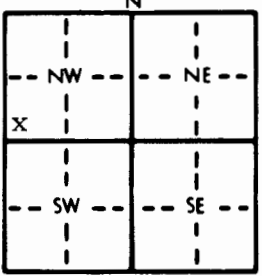


1 LOCATION OF WATER WELL: Fraction SW 1/4 SW 1/4 NW 1/4 Section Number 8 Township Number T 12 S Range Number R 27 W E/W  
 County: Gove

Distance and direction from nearest town or city street address of well if located within city?  
N/A - LOCATION CONFIRMED BY GMD #4

2 WATER WELL OWNER: Delmar Kaiser  
 RR#, St. Address, Box # : Rt 1 Box 61B Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Grainfield, KS 67737 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF COMPLETED WELL unknown ft. ELEVATION: .....  
 Depth(s) Groundwater Encountered 1 to old ft. 2 ..... ft. 3 ..... ft.  
 WELL'S STATIC WATER LEVEL unknown 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 ..... in. to ..... ft., and ..... in. to ..... ft.  
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 X1 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 .....  
 X4 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 2 PVC 4 ABS 7 Fiberglass ..... Threaded.....  
 Blank casing diameter ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. ....  
 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 ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From ..... ft. to ..... 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 ..... ft. to ..... 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 13 Insecticide storage  
 13 Insecticide storage ..... grass NONE  
 Direction from well? every direction as well as in middle of pasture How many feet? Not sure - its surrounded

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
	ENTER				
					Removed upper 4ft casing
					Didn't mess, fill with sand covered with cement covered with coal.
		PLUGGING			
		INFORMATION			
		AT			
		RIGHT			

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) 5-15-89 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/yr) May 10 89 under the business name of ..... by (signature) Delmar Kaiser

OFFICE USE ONLY  
 T  
 R  
 EW  
 SEC.  
 1/4  
 1/4