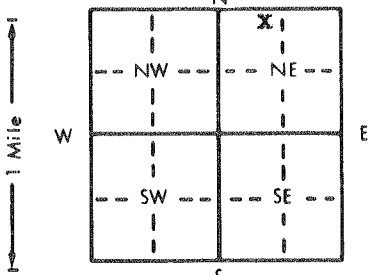


1 LOCATION OF WATER WELL: County: <b>LINCOLN</b>	Fraction <b>NE 1/4 NW 1/4 NE 1/4</b>	Section Number <b>15</b>	Township Number <b>T 12 S</b>	Range Number <b>R 6 EW</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**410 E. 3rd.**

2 WATER WELL OWNER: **WENDELL MANNING**  
 RR#, St. Address, Box # **410 E. 3rd.** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code **BEVERLY, KS. 67423** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <b>74.1</b> ft. ELEVATION: Depth(s) Groundwater Encountered 1. <b>30.3</b> ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL <b>30.3</b> ft. below land surface measured on mo/day/yr <b>7-14-98</b> Pump test data: Well water was <b>45.3</b> ft. after <b>1</b> hours pumping <b>20</b> gpm Est. Yield <b>40</b> gpm: Well water was ft. after hours pumping gpm Bore Hole Diameter <b>9</b> in. to <b>75</b> 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 <u>Lawn and garden only</u> 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? Yes <input checked="" type="checkbox"/> No
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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  
 Blank casing diameter **5** in. to **54** ft., Dia in. to ft., Dia in. to ft.  
 Casing height above land surface **16** in., weight **160** lbs./ft. Wall thickness or gauge No. **SDR 26**  
 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)  
 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot 3 Mill slot **.035** 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 **54** ft. to **74** ft., From ft. to ft.  
 From ft. to ft., From ft. to ft.  
 GRAVEL PACK INTERVALS: From **40** ft. to **74.1** 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 **22** 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 11 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)  
 Direction from well? **SOUTH** How many feet? **30**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	FILL DIRT			
1	1.5	CONCRETE			
1.5	26	CLAY TAN			
26	38	CLAY GRAY HARD			
38	45	SANDSTONE GRAY CEMENTED HARD			
45	58	CLAY GRAY HARD			
58	75	SANDSTONE GRAY HARD			

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) **7-14-98** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **388** This Water Well Record was completed on (mo/day/yr) **7-14-98** under the business name of **PESTINGER PUMP SERVICE** 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.