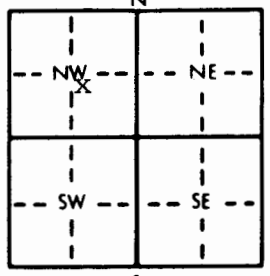


LOCATION OF WATER WELL: County: Logan Fraction: NW 1/4 SE 1/4 NW 1/4 Section Number: 12 Township Number: T 13 S Range Number: R 34 EW

Distance and direction from nearest town or city street address of well if located within city?

WATER WELL OWNER: Loren McDaniel
 #, St. Address, Box #: Rt. #3, Box 79 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Scott City, Ks. 67871 Application Number:

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



DEPTH OF COMPLETED WELL: 46 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 20 ft. below land surface measured on 5-21-96
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: 20 gpm Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 10 in. to 46 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 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well _____ stock
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes No _____

TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped _____
 PVC 4 ABS 7 Fiberglass _____ Welded _____
 _____ Threaded _____
 Casing diameter: 5 in. to 46 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Spacing height above land surface: 12 in., weight _____ lbs./ft. Wall thickness or gauge No. 200 psi

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 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 5 Gauzed wrapped 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 26 ft. to 46 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 46 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other _____
 Spacing Intervals: From 0 ft. to 20 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 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 _____
 Distance from well? _____ How many feet? 500

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	top soil			
1	29	brown clay			
29	38	coarse sand & gravel			
38	39	brown clay			
39	43	coarse sand & gravel			
43	46	black shale			

RECEIVED
 JUN 06 1996
 BUREAU OF WATER

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 5-21-96 and this record is true to the best of my knowledge and belief. Kansas Well Contractor's License No. 532 This Water Well Record was completed on (mo/day/yr) 6-3-96
 or the business name of Midwest Well & Pump by (signature) Victor Sankup

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.

OFFICE USE ONLY T R E W SEC. 1/4 1/4 1/4 1/4