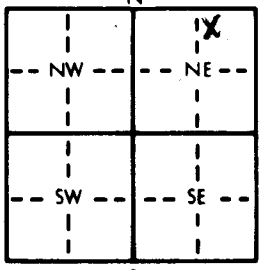


1 LOCATION OF WATER WELL: County: **WALLACE** Fraction: **NE 1/4 NE 1/4 NW 1/4** Section Number: **39** Township Number: **T 13 S** Range Number: **R 40 E**

Distance and direction from nearest town or city street address of well if located within city?
WALLACE CTY COOP, S. HWY 27, SHARON SPRINGS, KS

2 WATER WELL OWNER: **WALLACE COUNTY COOP** MW-15
 RR#, St. Address, Box #: **P.O. Box 280**
 City, State, ZIP Code: **SHARON SPRINGS, KS 67758**
 Board of Agriculture, Division of Water Resources
 Application Number:

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

 4 DEPTH OF COMPLETED WELL: **29.0** ft. ELEVATION:
 Depth(s) Groundwater Encountered: 1. **2.0** ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: **19.91** ft. below land surface measured on mo/day/yr **4/23/97**
 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: **4.25** in. to **29** ft., and in. to ft.
 WELL WATER TO BE USED AS:
 1 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:
 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
 Blank casing diameter: **2** in. to **14** ft., Dia. in. to ft., Dia. in. to ft.
 Casing height above land surface: **0** in., weight lbs./ft. Wall thickness or gauge No.
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 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 **14** ft. to **29** ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **12** ft. to **29** ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grout Intervals: From **12** ft. to **10** ft., From **10** ft. to **0** 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? **SOUTH** How many feet? **300'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'	7'	SILT-W/CLAY, BROWN, LOOSE, NO ODR			
7'	20'	CLAYEY SILT - BROWN, MOIST, SLIGHTLY STIFF, NO ODR			
20'	22'	SILT-BROWN, PETRO ODR, SOME FINE SAND			
22'	29'	SILT-BROWN, PETRO ODR, SOME FINE TO COARSE SAND			

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) **4/22/97** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **614** This Water Well Record was completed on (mo/day/yr) **5/19/97** under the business name of **Maxim KCTE** by (signature) *William D. Val*

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 EW SEC. 1/4 1/4 1/4