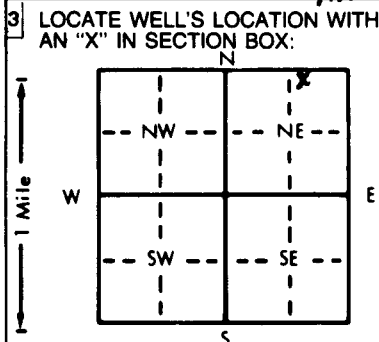


1 LOCATION OF WATER WELL: County: **WALLACE** Fraction: **NE 1/4 NE 1/4 NW 1/4** Section Number: **34** Township Number: **T 13 S** Range Number: **R 40 EW**

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-6**
 RR#, St. Address, Box #: **P.O. Box 280** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **SHARON SPRINGS, KS 67758** Application Number:



4 DEPTH OF COMPLETED WELL: **27.0** ft. ELEVATION:
 Depth(s) Groundwater Encountered: 1. **20.0** ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: **18.04** 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 **27.0** 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 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**
 7 Fiberglass **Threaded**
 Blank casing diameter: **2** in. to **12** 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 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)
 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 **12** ft. to **27** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **11** ft. to **27** 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 **11** ft. to **9** ft., From **9** 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 WEST** How many feet? **280'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'	7'	SILT-W/CLAY, DARK BROWN TO BROWN, SLIGHTLY STIFF, NO ODOR			
7'	15'	CLAYEY SILT-BROWN, MOIST, SLIGHTLY STIFF, NO ODOR			
15'	17'	SILT-BROWN, PETRO ODOR, SOME FINE SAND			
17'	27'	SILT-BROWN, PETRO ODOR, 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 **Walter H. H.**

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.