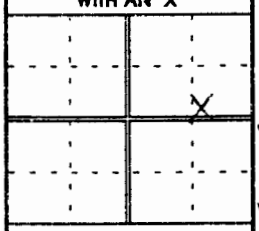
1 LOCATION OF WATER WELL:	Fraction:	Section Number:	Township Number:	Range Number:
County: **Barton**	**SW 1/4** **SE 1/4** **NE 1/4**	**5**	**18**	**13** **West**

Distance and direction from the nearest town, or city street address of well, if in city?

2 **WATER WELL OWNER: Skolaut's 66 Service, Inc.** **WELL ID: MW2**
Address, Box #: **251 W. Second Street** Board of Agriculture, Division of Water Resources
City, State, Zip Code: **Hoisington, KS. 67544** Application Number:

3 LOCATE WELL WITH AN "X"



4 **DEPTH WELL COMPLETED:** **27** ft. **ELEVATION:** **(TOC)**
Depth(s) Groundwater Encountered: **21.5**
WELL'S STATIC WATER LEVEL: _____ feet below land surface measured on month/day/year **3/22/95**
Pump test data: all water was _____ feet after _____ hours _____ gpm
Est. Yield _____ Well water was _____ feet after _____ hours _____ gpm
Bore Diam. _____ inches to _____ feet, and _____ hours _____ feet

WELL WATER TO BE USED AS: 1 domestic 2 irrigation 3 feedlot 4 industrial 5 PWS 6 oil field 7 lawn/garden 8 air condition 9 dewatering **10 monitoring well** 11 injection 12 other (specify)

Was a chemical / bacteriological sample submitted Department? yes **no X**
If yes, month/day/year sample was submitted _____ Well Disinfected? yes **no X**

5 **TYPE OF BLANK CASING:** 1 Steel **2 PVC** 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other

CASING JOINTS: Glued _____ Welded _____ Clamped _____ Threaded **X**

Blank casing diameter **2** inches to **17.0** feet, Diam. _____ inches to _____ feet
Casing height above land surface **0** inches, weight _____ lbs./feet Wall thickness or gauge No. **40**

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile **7 PVC** 8 RMP (SR) 10 Asbestos-cement 11 Other (specify)

SCREEN OR PERFORMATION OPENINGS ARE:
1 Continuous slot **3 Mill Slot** 2 Louvered shutter 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)

SCREEN INTERVALS:	from: **17.0** feet	to **27.0** feet	from: _____ feet	to _____ feet
	from: _____ feet	to _____ feet	from: _____ feet	to _____ feet
GR. PACK INTERVALS:	from: **16.0** feet	to **27.0** feet	from: _____ feet	to _____ feet
	from: _____ feet	to _____ feet	from: _____ feet	to _____ feet

6 **GROUT MATERIAL:** 1 Neat cement _____ 2 Cement grout **X** 3 Bentonite **X**
Grout Intervals: from **0** feet to **14.0** feet, from **14.0** feet to **16.0** feet

What is the nearest source of possible contamination:

Septic tank (1) _____	Seepage pit (6) _____	Fuel storage (11) **X**
Sewer lines (2) _____	Pit privy (7) _____	Fertilizer storage (12) _____
Watertight sewer lines (3) _____	Sewage lagoon (8) _____	Insecticide storage (13) _____
lateral lines (4) _____	Feedyard (9) _____	Abandoned water well (14) _____
Cess pool (5) _____	Livestock pens (10) _____	Oil/Gas well (15) _____
		Other (specifty) (16) _____

Direction from well? **South** How many feet (approximate)? **282**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0'	10.0'	Topsoil (upper 2'), clay, silt, light brown,			
		moist, medium plasticity			
10.0'	15.0'	Clay, silt, dark, brown, moist, med. plasticity			
15.0'	20.0'	Clay, silt, light brown, grading to orange			
		brown, medium plasticity upper 1.5', high			
		plasticity from 16.5'-20'			
20.0'	29.0'	Clay, silt, light brown, moist-sat. @21.5',			
		medium plasticity, caliche nodules @25'			

WELL ID: **MW2**
WELL TAG: **00138967**
VARIANCE BY: **D. Taylor**

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 (mth/day/yr) **8/30/95** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License Number **527**. This Water Well Record was completed on (mo/dy/yr) **9/19/95** under the business name: **Geocore Services, Inc.** by (signature) Dale Rold

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 Depart. of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: (913) 296-5545. Send one to Well Owner and retain one for your records.