

<b>[1] LOCATION OF WATER WELL:</b>		Fraction	Township Number	Range Number															
County: Ness	Fraction SE ¼ SW ¼ SW ¼	Section Number 30	Township Number T 18 S	Range Number R 21 E/W															
Distance and direction from nearest town or city street address of well if located within city? 204 W. Washington St., Bazine																			
<b>[2] WATER WELL OWNER:</b> Cooperative Grain and Supply Co.																			
RR#, St. Address, Box # : P.O. Box 8	Board of Agriculture, Division of Water Resources Application Number:																		
City, State, ZIP Code : Bazine, Kansas 67516																			
<b>[3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>[4] DEPTH OF COMPLETED WELL . . . . . 49 . . . ft. ELEVATION: . . . . .</b>																		
<p>A diagram showing a section box divided into four quadrants labeled NW, NE, SW, and SE. An 'X' is placed in the bottom-left quadrant (SW). The top edge is labeled 'N', the right edge 'E', and the bottom edge 'S'. A vertical arrow on the left side indicates North.</p>	Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft. WELL'S STATIC WATER LEVEL . . . 40.3 . . . ft. below land surface measured on mo/day/yr . . . 1/11/2013 Pump test data: Well water was NA . . . ft. after . . . hours pumping . . . gpm Est. Yield . . . NA . . . gpm; Well water was . . . ft. after . . . hours pumping . . . gpm Bore Hole Diameter . . . 8 . . . in. to . . . 50 . . . ft. and . . . in. to . . . ft. WELL WATER TO BE USED AS: <table border="0" style="width:100%;"> <tr> <td>5 Public water supply</td> <td>8 Air conditioning</td> <td>11 Injection well</td> </tr> <tr> <td>1 Domestic</td> <td>3 Feedlot</td> <td>6 Oil field water supply</td> </tr> <tr> <td>9 Dewatering</td> <td>12 Other (Specify below)</td> <td></td> </tr> <tr> <td>2 Irrigation</td> <td>4 Industrial</td> <td>7 Lawn and garden only</td> </tr> <tr> <td>(10) Monitoring well</td> <td colspan="2"></td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes.....No✓ If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes No ✓				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		
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<b>[5] TYPE OF BLANK CASING USED:</b>																			
Blank casing diameter . . . 2 . . . in. to . . . 47 . . . ft. Dia . . . 2 . . . in. to . . . 50 . . . ft. Dia . . . in. to . . . ft. Casing height above land surface . . . in., weight . . . lbs./ft. Wall thickness or gauge No. . . Sch.. 40 . . .																			
TYPE OF SCREEN OR PERFORATION MATERIAL																			
SCREEN OR PERFORATION OPENINGS ARE:																			
SCREEN-PERFORATED INTERVALS: From . . . 47 . . . ft. to . . . 49 . . . ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft. GRAVEL PACK INTERVALS: From . . . 45 . . . ft. to . . . 50 . . . ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft.																			
<b>[6] GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout (3) Bentonite 4 Other . . . . .																			
Grout Intervals: From . . . 3 . . . ft. to . . . 45 . . . ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft.																			
What is the nearest source of possible contamination:																			
Direction from well?																			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS														
0	9	Clay, v. silty, Yellow Brown to Buff																	
9	23	Clay, sl. silty, Brown to Yellow Brown																	
23	32	Clay, silty to v. silty, Yellow Brown to Brown																	
32	33.5	Sand, f-c, clayey, Brown																	
33.5	36	Clay, v. silty, Lt. Brown																	
36	47	Sand, f-c w/f-m gravel, Gray																	
47	50	Clay, sandy, w/sand stringers, Dark Gray																	
					IW-10 , Flushmount														
<b>[7] CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) . . . 1/10/2013 . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . 527 . . . This Water Well Record was completed on (mo/day/yr) . . . 1/27/13 . . . under the business name of GeoCore, Inc. by (signature) Dale Bell																			
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.																			