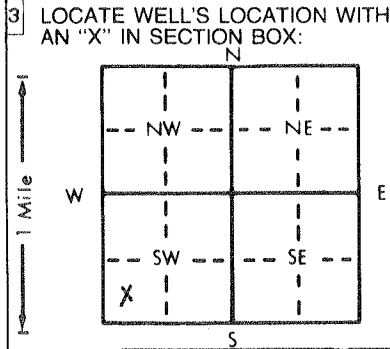


MW2

1 LOCATION OF WATER WELL: Fraction NW 1/4 SW 1/4 SW 1/4 Section Number 18 Township Number T 18 S Range Number R 32 EW
 County: SCOTT

Distance and direction from nearest town or city street address of well if located within city?
222 S. MAIN, SCOTT CITY, KS 67871

2 WATER WELL OWNER: CHARLIE ROBINSON
 RR#, St. Address, Box #: BOX 1172
 City, State, ZIP Code: GARDEN CITY, KS 67871
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL: 140 ft. ELEVATION: 2978.78
 Depth(s) Groundwater Encountered: 1. 125 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 134.00 ft. below land surface measured on mo/day/yr 12/21/96
 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: 8 in. to 140 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 X; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No X

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVS 4 ABS 7 Fiberglass Threaded
 Blank casing diameter: 4 in. to 110 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: -3.96 in., weight 2.071 lbs./ft. Wall thickness or gauge No. 0.237
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 110 ft. to 140 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 105 ft. to 140 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 1 ft. to 105 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 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? NORTH How many feet? 5

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	70	SILTY CLAY			
70	80	SAND			
80	106	SILTY CLAY			
106	118	SAND			
118	130	CLAYEY SAND			
130	140	SILTY CLAY			

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) 09/20/96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 594 This Water Well Record was completed on (mo/day/yr) 01/26/97 under the business name of CORANCO INC. by (signature) _____

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.