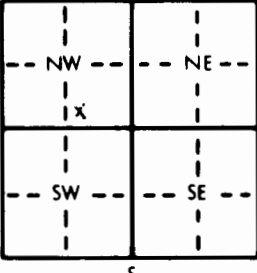


1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number
County: McPHERSON		S/W 1/4 S/E 1/4 N/W 1/4	26		T 19 S	R 3 EW
Distance and direction from nearest town or city street address of well if located within city? 2201 E.KANSAS AVE. McPHERSON KS. 67460						
2 WATER WELL OWNER: FINA OIL & CHEMICAL						
RR#, St. Address, Box # : P.O.BOX 2159				Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : DALLAS TX. 75221				Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>45</u> ft. ELEVATION: <u>36.6</u> ft.				
		Depth(s) Groundwater Encountered 1. <u>36.6</u> ft. 2. _____ ft. 3. _____ ft.				
		WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____				
		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: <u>7 1/4</u> in. to _____ 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 X 12 Other (Specify below)		X 12 Other (Specify below) <u>vapor monitor point</u>				
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 _____		
X 2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded _____		
		7 Fiberglass		Threaded. X _____		
Blank casing diameter <u>2</u> in. to <u>40</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface _____ in., weight <u>sched 40</u> 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		X 7 PVC 11 Other (specify) _____				
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 <u>40</u> ft. to <u>45</u> ft., From _____ ft. to _____ ft.						
From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>45</u> ft. to <u>38</u> ft., From _____ ft. to _____ ft.						
From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
6 GROUT MATERIAL:						
1 Neat cement X 2 Cement grout 3 Bentonite 4 Other _____						
Grout Intervals: From <u>37</u> ft. to <u>0.6</u> 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 X 11 Fuel storage 14 Abandoned water well						
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well						
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)						
Direction from well? N/E How many feet? <u>107</u>						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	0.6	concrete				
0.6	2.0	topsoil				
2.0	25.0	brown stiff clay				
25.0	36.0	tan stiff clay				
36.0	45.0	sandy/silty clay				
		saturated at 36.6				
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) <u>3-17-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>517</u> This Water Well Record was completed on (mo/day/yr) <u>4-11-94</u> under the business name of <u>GROUNDWATER TECHNOLOGY</u> by (signature) <u>[Signature]</u>						
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.						