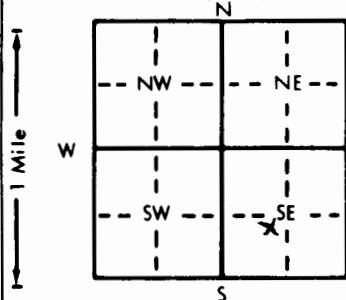


1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number	
County:	McPherson	NE ¼ SW ¼ SE ¼	9		T 21 S		R 3 E/W	

Six(6) & 3/4 Miles East From Inman, Kansas

Application Number:

Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
WELL'S STATIC WATER LEVEL . . . 36 ft. below land surface measured on mo/day/yr Sept. 29, 1993 . . .



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	in. to	ft., and	in. to	ft.

WELL WATER TO BE USED AS:

1 Domestic	3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well
2 Irrigation	4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
		7 Lawn and garden only	10 Monitoring well	

Was a chemical/bacteriological sample submitted to Department? Yes..... No XX If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes XX No

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded
2 PVC	4 ABS	7 Fiberglass		Threaded

Blank casing diameter 5 in. to ft., Dia in. to ft., Dia in. to ft.
Casing height above land surface . . . 5' Below in., weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) <i>NA</i>
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 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) NA

SCREEN-PERFORATED INTERVALS: From . . . NA . . . ft. to . . . NA . . . ft., From ft. to ft.
From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From ft. to 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 ft. to 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	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	

Direction from well? South & a Little East

How many feet? 500'

[illegible]

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) 10/27/93 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No.

This Water Well Record was completed on (mo/day/yr)

under the business name of Law Production, Inc.

by (signature)

Signature: Ronald Wilcox
Name: Ronald Wilcox

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.