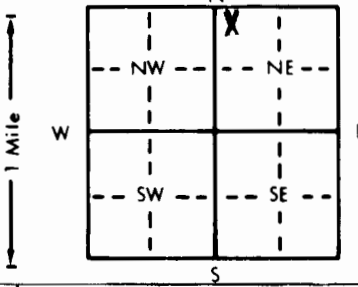


Plugging

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: <b>Reno</b>		<b>NW 1/4 NW 1/4 NE 1/4</b>		<b>10</b>		<b>T 23 S</b>		<b>R 6 EW</b>			
Distance and direction from nearest town or city, street address of well if located within city? <b>17th and Cowcreek</b>											
2 WATER WELL OWNER: <b>Shears Inc.</b>					Board of Agriculture, Division of Water Resources						
RR#, St. Address, Box #: <b>P.O. Box 1605</b>					Application Number: <b>960364</b>						
City, State, ZIP Code: <b>Hutchinson, KS 67504-1605</b>											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL: <b>40</b> ft. ELEVATION:								
			Depth(s) Groundwater Encountered: <b>1</b> ft. 2. ft. 3. ft.								
			WELL'S STATIC WATER LEVEL: <b>6</b> ft. below land surface measured on mo/day/yr <b>2-11-97</b>								
			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: <b>30</b> in. to <b>40</b> 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 <b>Dewatering</b> 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 <b>X</b> ; If yes, mo/day/yr sample was submitted _____											
Water Well Disinfected? Yes <b>X</b> No _____											
5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <b>N/A</b> Clamped _____											
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____											
7 Fiberglass <b>N/A</b> Threaded _____											
Blank casing diameter <b>N/A</b> in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to <b>N/A</b> ft.											
Casing height above land surface <b>N/A</b> in. weight _____ lbs./ft. Wall thickness or gauge No. <b>N/A</b>											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) <b>N/A</b>											
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 <b>N/A</b> 6 Wire wrapped 9 Drilled holes <b>N/A</b>											
7 Torch cut 10 Other (specify) <b>N/A</b>											
SCREEN-PERFORATED INTERVALS: From <b>N/A</b> ft. to _____ ft. From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From <b>N/A</b> ft. to _____ ft. From _____ ft. to _____ ft.											
6 GROUT MATERIAL:											
1 Neat cement 2 Cement grout 3 Bentonite 4 Other <b>N/A</b>											
Grout Intervals: From <b>N/A</b> 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? <b>N/A</b> How many feet? <b>N/A</b>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
						<b>40</b>		<b>6</b>		<b>Chlorinated Sand</b>	
						<b>6</b>		<b>4</b>		<b>Hole Plug</b>	
						<b>4</b>		<b>0</b>		<b>Dirt</b>	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) <b>plugged</b> under my jurisdiction and was completed on (mo/day/year) <b>2-11-97</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>134</b> This Water Well Record was completed on (mo/day/yr) <b>2-17-97</b> under the business name of <b>Rosenkrantz-Bemis Ent. Inc.</b> by (signature) <b>Alicia K. Coffey</b>											

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.