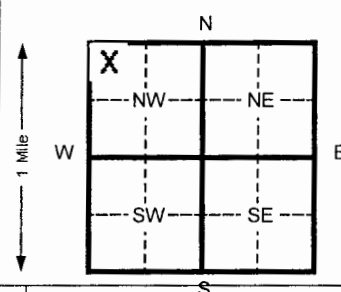


1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Finney		NW ¼ NW ¼ NW ¼		18		T 24 S		R 32 W	
Distance and direction from nearest town or city street address of well if located within city? Located at 5 Points 66, Garden City KS									
2 WATER WELL OWNER: Del Ray Mounts									
RR#, St. Address, Box #: P.O. Box 666 Board of Agriculture, Division of Water Resources									
City, State, ZIP Code: Garden City, KS Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 52.00 ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 42.00 ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL 41.30 ft. below land surface measured on mo/day/yr 2/18/2010							
		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 8.625 In. to 52.00 Ft. and _____ in. to _____ Ft.							
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well							
		1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)							
		2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well MW-5R							
		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:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____									
7 Fiberglass _____ Threaded X									
Blank casing diameter 2 In. to 32 Ft., Dia _____ in. to _____ ft.									
Casing height above land surface FLUSH in., weight SCH 40 Lbs./ft. Wall thickness or gauge No. _____									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____									
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 32 ft. to 52 ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
SAND PACK INTERVALS: From 30 ft. to 52 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 2 .5 ft. to 28 Ft. From 3 28 Ft. to 30 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) Contaminated Site									
13 Insecticide storage									
Direction from well? _____ How many feet? _____									
FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
0 .5 Asphalt and Concrete									
.5 9.5 Sandy clay, brown, moist									
9.5 14 Silty and Sandy clay, moist									
14 20.5 Fine-grained sand, loose									
20.5 52 Fine-grained Sand with gravel									
52 TD END BOREHOLE									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w									
Completed on (mo/day/yr) 3/29/2010 And this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/yr) 4/6/2010									
under the business name of Associated Environmental, Inc. By (signature) Bradley J. Johnson									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.									

OFFICE USE ONLY

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