

1 LOCATION OF WATER WELL: Fraction NE 1/4 SE 1/4 SE 1/4 Section Number 25 Township Number T 24 S Range Number R 39 EW

Distance and direction from nearest town or city street address of well if located within city?

1/4 mile SE Coop, Railway right of way, Kendall, KS

2 WATER WELL OWNER: Farmers Cooperative

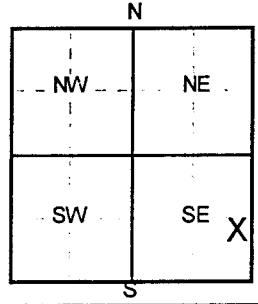
RR#, St Address, Box # : Box 189

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : Lakin, Kansas 67860

Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL . . . . . 15 . . . . . ft ELEVATION: . . . . . 3134.15 . . . . .

Depth(s) Groundwater Encountered 1. . . . . 999 . . . . . ft 2. . . . . ft 3. . . . . ft

WELL'S STATIC WATER LEVEL . . . 8.45 . . . ft below land surface measured on mo/day/yr . . . . . 3/26/97 . . . . .

Pump test data: Well water was . . . NA . . . ft after . . . . . hours pumping . . . . . gpm

Est. Yield . . . NA . . . gpm: Well water was . . . ft after . . . . . hours pumping . . . . . gpm

Bore Hole Diameter . . . . . 8 . . . . . in. to . . . . . 15 . . . . . 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 [checked]; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No [checked]

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 PVC [checked] 4 ABS 7 Fiberglass . . . . . Threaded. [checked]

Blank casing diameter . . . . . 2 . . . . . in. to . . . . . 5 . . . . . ft, Dia . . . . . in. to . . . . . ft, Dia . . . . . in. to . . . . . ft

Casing height above land surface . . . . . -2.04 . . . . . in., weight . . . . . lbs./ft Wall thickness or gauge No. . . . . Sch 40 . . . . .

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 [checked] 6 Wire wrapped 9 Drilled holes

2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) . . . . .

SCREEN-PERFORATED INTERVALS: From . . . . . 5 . . . . . ft to . . . . . 15 . . . . . ft, From . . . . . ft to . . . . . ft

From . . . . . ft to . . . . . ft, From . . . . . ft to . . . . . ft

GRAVEL PACK INTERVALS: From . . . . . 4 . . . . . ft to . . . . . 15 . . . . . ft, From . . . . . ft to . . . . . ft

From . . . . . ft to . . . . . ft, From . . . . . ft to . . . . . ft

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout [checked] 3 Bentonite 4 Other . . . . .

Grout Intervals: From . . . . . 0 . . . . . ft to . . . . . 2 . . . . . ft, From . . . . . 2 . . . . . ft to . . . . . 4 . . . . . ft, From . . . . . ft to . . . . . ft

What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well

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) [checked]

3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage . . . . . AST Basin . . . . .

Direction from well? North How many feet? 150

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

0 2 Silt, Dark Brown

2 6 Sand, Brown

6 9 Sand, Brown

9 15 Sand, Brown

MW7, Tag # 00181763, Flushmount

Project Name: Farmers Cooperative-AST

GeoCore # 429, KDHE # A1 038 40012

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) . . . . . 3/26/97 . . . . . and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. . . . . 527 . . . . . This Water Well Record was completed on (mo/day/yr) . . . . . 3/31/97 . . . . .

under the business name of GeoCore Services, Inc. by (signature) Dale Rott

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.