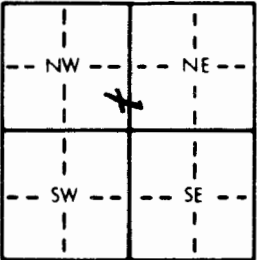


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Reno		NE 1/4 SE 1/4 NW 1/4	14	T 24 S	R 6 E
Distance and direction from nearest town or city street address of well if located within city? 1/2 Mile West of R-17 on Trails West Rd					
2 WATER WELL OWNER: Amco Propane Storage					
RR#, St. Address, Box # : _____ Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : _____ Application Number: _____					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 58 ft. ELEVATION: _____			
<div style="text-align: center;">N 1 Mile W E S</div> 		Depth(s) Groundwater Encountered 18 ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL 18 ft. below land surface measured on mo/day/yr 6-20-95			
		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 NAS in. to _____ ft., and _____ in. to _____ ft.		WELL WATER TO BE USED AS:			
1 Domestic		3 Feedlot	6 Oil field water supply	8 Air conditioning	11 Injection well
2 Irrigation		4 Industrial	7 Lawn and garden only	9 Dewatering	12 Other (Specify below)
		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 _____
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
			7 Fiberglass		Threaded _____
Blank casing diameter 4 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface 3A Below weight _____ 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) NA
				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) NA	
SCREEN-PERFORATED INTERVALS: From NA ft. to NA ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals: From 30 ft. to 6 ft. From 60 ft. to 58 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) Propane Storage
13 Insecticide storage					
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			36	58	Cement Grout
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) 6-20-95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 440 This Water Well Record was completed on (mo/day/yr) 7-14-95 under the business name of Cecil Vincent Service by (signature) Cecil Vincent					

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.

OFFICE USE ONLY

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SEC.

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