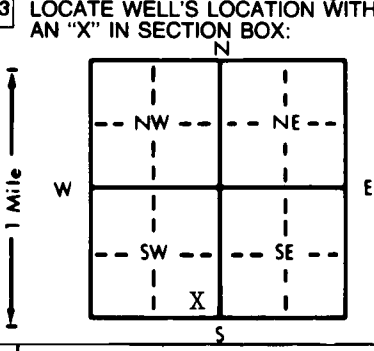


1 LOCATION OF WATER WELL: County: Hamilton Fraction: SE 1/4 SE 1/4 SW 1/4 Section Number: 36 Township Number: T 25 S Range Number: R 42 EW

Distance and direction from nearest town or city street address of well if located within city?
10 mi South and 6 1/2 mi West of Syracuse, KS

2 WATER WELL OWNER: Bear Creek Feeders
 RR#, St. Address, Box #: HCO 1 Box 62
 City, State, ZIP Code: Syracuse, KS 67878
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL: 54 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 47.5 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr
 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: 2.85 in. to 54.0 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial
 5 Public water supply 6 Oil field water supply 7 Lawn and garden only
 8 Air conditioning 9 Dewatering 10 Monitoring well MW-5
 11 Injection well 12 Other (Specify below) _____
 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 2 PVC 3 RMP (SR) 4 ABS
 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass
 8 Concrete tile 9 Other (specify below) _____
 Blank casing diameter: 2.0 in. to 29.15 ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.
 Casing height above land surface: 0.0 in., weight _____ lbs./ft. Wall thickness or gauge No. Schd. 40
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel
 5 Fiberglass 6 Concrete tile 7 Torch cut
 8 RMP (SR) 9 ABS 10 Asbestos-cement
 11 Other (specify) _____ 12 None used (open hole) _____
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched
 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut
 8 Saw cut 9 Drilled holes 10 Other (specify) _____
 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From 49.5 ft. to 29.15 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 54 ft. to 26.0 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 26.0 ft. to 3.0 ft. From 3.0 ft. to 0 ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit
 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage
 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	14.5	Brown silty SAND			
14.5	15.5	gray clay			
15.5		Shale interbedded interbedded with gypsum and clay lenses			

Flush mounts approved by Don Taylor, KDHE

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) 6/13/95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 540. This Water Well Record was completed on (mo/day/yr) 7/19/95 under the business name of Prairie Land Environmental Remediation by (signature) _____

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.