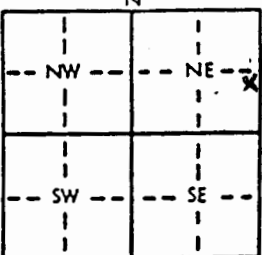


1 LOCATION OF WATER WELL: County: Grant Fraction: NE 1/4 SE 1/4 NE 1/4 Section Number: 15 Township Number: T 27 S Range Number: R 38 EW

Distance and direction from nearest town or city street address of well if located within city?  
8 miles North, 5 West of Wyaess, KS Plugging Report

2 WATER WELL OWNER: Ralph Rider  
 RR#, St. Address, Box #: 900 N. Wilson  
 City, State, ZIP Code: Wyaess, KS 67880  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF COMPLETED WELL: 240 ft. ELEVATION: ..... ft.  
 Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL: 230 ft. below land surface measured on mo/day/yr 5-11-93  
 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 ..... in. to ..... ft., and ..... in. to ..... ft.  
 WELL WATER ~~USE~~ USED AS:  
 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 Observation 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  2 PVC  3 RMP (SR)  4 ABS  5 Wrought iron  6 Asbestos-Cement  7 Fiberglass  8 Concrete tile  9 Other (specify below)  
 Casing diameter ..... in. to ..... ft. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft.  
 Casing height ~~above~~ below land surface ..... 4 ft., weight ..... lbs./ft. Wall thickness or gauge No. ....  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel  2 Brass  3 Stainless steel  4 Galvanized steel  5 Fiberglass  6 Concrete tile  7 PVC  8 RMP (SR)  9 ABS  10 Asbestos-cement  11 Other (specify) NA  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  11 None (open hole)  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 ..... 4 ft. to ..... 11 ft., From ..... ft. to ..... 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? none

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
240	160	washed sand			
160	11	clay			
11	4	cement			
4	0	sod			

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) ..... 5-11-93 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... 164 ..... This Water Well Record was completed on (mo/day/yr) ..... 5-24-93 ..... under the business name of Houck Bros. Arls by (signature) M. Beard  
 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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY