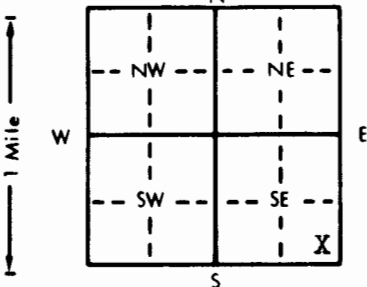


1 LOCATION OF WATER WELL: Fraction SE 1/4 SE 1/4 SE 1/4 Section Number 21 Township Number T 28 S Range Number R 18 E/W
 County: Kiowa

Distance and direction from nearest town or city street address of well if located within city?
1/2 South of Greensburg, Kansas

2 WATER WELL OWNER: Marvin Mills
 RR#, St. Address, Box #: Box 704 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Greensburg, Kansas 67054 Application Number: ---

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



4 DEPTH OF COMPLETED WELL 130 ft. ELEVATION: Slope
 Depth(s) Groundwater Encountered 1. Not available ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 96 ft. below land surface measured on mo/day/yr Nov. 16, 1989
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 10 in. to 130 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
XX 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 XX; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes XX No _____

5 TYPE OF CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued XX Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
XX PVC 4 ABS 7 Fiberglass _____ Threaded _____

Blank casing diameter 5 in. to 90 ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 Casing height above land surface 20 in., weight 2.8 lbs./ft. Wall thickness or gauge No. 265

TYPE OF SCREEN OR PERFORATION MATERIAL: XXXPVC 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 XXX Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 5 90 ft. to 130 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 25 ft. to 130 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite XX Other Baroid Hole Plug
 Grout Intervals: From 0 ft. to 25 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
XX 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)
 13 Insecticide storage _____

Direction from well? South How many feet? 100

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	27	Clay			
27	61	Sandy Clay			
61	77	Clay			
77	112	Large Sand			
112	122	Clay & Med. Sand			
122	130	Clay			
130	--	Black Shale			

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) Nov. 20, 1989 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 252 This Water Well Record was completed on (mo/day/year) Nov. 27, 1989 under the business name of Friesen Windmill & Supply Inc. 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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.

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