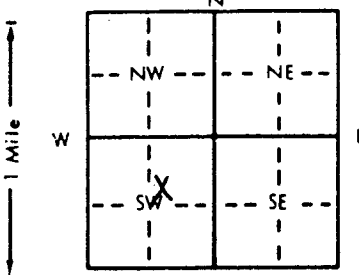


1 LOCATION OF WATER WELL: Fraction SW 1/4 NE 1/4 SW 1/4 Section Number 16 Township Number T 28 S Range Number R 18 **(EW)**
 County: Kiowa
 Distance and direction from nearest town or city street address of well if located within city?
419 W. Kansas, Greensburg, KS

2 WATER WELL OWNER: Coastal Mart #2509
 RR#, St. Address, Box #: 419 W. Kansas
 City, State, ZIP Code: Greensburg, Kansas 67054
 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: 100 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 86 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 86.75 ft. below measured on mo/day/yr 08-03-94
 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: 7.5/8 in. to 100 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)** 11 Injection well 12 Other (Specify below)
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **(X)**; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No **(X)**

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 JOINTS: Glued _____ Clamped _____ Welded _____ Threaded **(X)**
 Blank casing diameter: 2 in. to 75 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: 0 in., weight _____ lbs./ft. Wall thickness or gauge No. Sch. 40
 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) _____ 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 75 ft. to 100 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 72.9 ft. to 100 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 0 ft. to 71 ft., From 71 ft. to 72.9 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? Northeast How many feet? 175

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1.5	Road gravel			
1.5	6.5	Clay, mod brn, soft, sl plst, sndy, moist			
6.5	9	Clay, dk brn, firm, med plst, damp			
9	20	Clay, lt rd/brn, firm, low plst, v sndy damp			
20	35	Clay, lt rd/brn, firm, sl plst, v sndy, damp			
35	63	Sand, lt brn, v f-f, tr-mod slt, mod srted, damp			
63	75	Sand, mod brn-tr blk, f-v c w, mod f-m grvl, sl-mod cemented, p srted, damp			
75	100	Sand, v lt brn, f-v c w/ mod f-m grvl, p srted, damp			
					MW8 - Flushmount ID # 00103459 Don Taylor

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) 07-28-94 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) 08-05-94 under the business name of GeoCore Services, Inc. by (signature) Doug Ray

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.