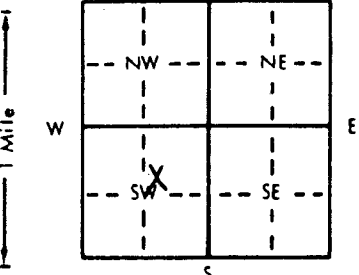


1 LOCATION OF WATER WELL: Fraction SW 1/4 NE 1/4 SW 1/4 Section Number 16 Township Number T 28 S Range Number R 18 EW  
 County: Kiowa  
 Distance and direction from nearest town or city street address of well if located within city?  
419 W. Kansas, Greensburg, KS

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 99 ft. ELEVATION: .....ft.  
 Depth(s) Groundwater Encountered 1. 84 ft. 2. ....ft. 3. ....ft.  
 WELL'S STATIC WATER LEVEL 84.35 ft. below ..... 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 7 5/8 in. to 100 in. and ..... in. to ..... ft.  
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 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 Monitoring well  
 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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....  
2 PVC 4 ABS 7 Fiberglass ..... Threaded X .....  
 Blank casing diameter 2 in. to 74 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: 7 PVC 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 8 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 74 ft. to 99 ft. From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft. From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 73 ft. to 100 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 0 ft. to 71 ft. From 71 ft. to 73 ft. From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 10 Livestock pens 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)  
 Direction from well? Southwest How many feet? 200

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	16	Clay, mod brn, sl-mod sndy, firm, med plst, moist			
16	21	Clay, lt brn, sl tr snd, slty, soft, sl plst, moist			
21	25	Sand, lt brn, f-m, mod srted, sl tr-med clay, moist			
25	50	Sand, lt brn, v f-f, sl-mod slty, w srted moist			
50	60	Sand, or/brn, v f-f, sl slty, w srted			
60	70	Sand, or/brn, v f-m, moist			
70	82	Sand, brn, f-c, small grvl			
82	100	Sand, f-m			

M10 - Flushmount  
 ID # 00103527  
 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 Roy

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.