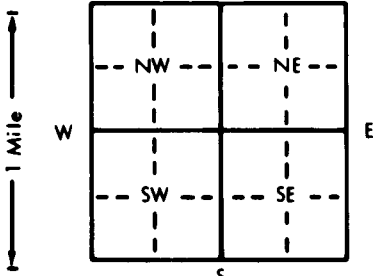


1 LOCATION OF WATER WELL: County: <b>Haskell</b>	Fraction <b>SW 1/4 NE 1/4 NW 1/4</b>	Section Number <b>33</b>	Township Number <b>T 29 S</b>	Range Number <b>R 32 E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?

 $\frac{1}{4}$  Mile East of Sublette, Kansas and  $\frac{1}{4}$  Mile North

2 WATER WELL OWNER: <b>Haskell County, Kansas</b> RR#, St. Address, Box #: <b>300 Inman, P.O. Box 518</b> City, State, ZIP Code: <b>Sublette, KS 67877</b>	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <b>344</b> ft. ELEVATION: Depth(s) Groundwater Encountered 1. . . . . 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: <b>8.75</b> in. to <b>344</b> ft., 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 <b>10 Monitoring well MW-3</b> Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No <b>X</b> ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes . . . . . No
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5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile <b>2 PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Blank casing diameter . . . . . <b>4</b> in. to . . . . . <b>300</b> ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft. Casing height above land surface . . . . . <b>36</b> in., weight . . . . . lbs./ft. Wall thickness or gauge No. <b>Schedule 40</b> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) . . . . . 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <b>3 Mill slot</b> 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) . . . . . SCREEN-PERFORATED INTERVALS: From . . . . . <b>340</b> ft. to . . . . . <b>300</b> ft., From . . . . . ft. to . . . . . ft. From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft. GRAVEL PACK INTERVALS: From . . . . . <b>344</b> ft. to . . . . . <b>297</b> ft., From . . . . . ft. to . . . . . ft. From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.	CASING JOINTS: Glued . . . . . Clamped . . . . . Welded . . . . . Threaded <b>✓</b>
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6 GROUT MATERIAL: <b>1 Neat cement</b> 2 Cement grout <b>3 Bentonite</b> 4 Other . . . . . Grout Intervals: From . . . . . <b>297</b> ft. to . . . . . <b>291</b> ft., From . . . . . <b>291</b> ft. to . . . . . <b>0</b> ft., From . . . . . ft. to . . . . . ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool <b>8 Sewage lagoon</b> 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? . . . . . How many feet? . . . . .
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Fill			
5	61	Brown clay			
61	94	Fine to medium sand			
94	104	Brown clay			
104	174	Medium to coarse sand, small gravel			
174	182	Brown clay			
182	203	Brown clay with sand streaks			
203	250	Fine to medium & coarse sand			
250	252	Brown clay			
252	274	Fine to medium & coarse sand			
274	280	Brown clay			
280	344	Medium to coarse sand, some small gravel			

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) . . . . . <b>10-26-93</b> . . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . . <b>540</b> . . . . . This Water Well Record was completed on (mo/day/yr) . . . . . <b>12-7-93</b> . . . . . under the business name of <b>Prairie Land Environmental Remediation</b> by signature <b>[Signature]</b>
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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.