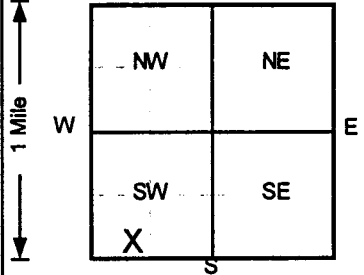


1 LOCATION OF WATER WELL: County: **Stanton** Fraction: **SE 1/4 SW 1/4 SW 1/4** Section Number: **29 14** Township Number: **T 29 S** Range Number: **R 42 EW**

Distance and direction from nearest town or city street address of well if located within city?  
**Johnson Coop Grain, Manter, Kansas**

2 WATER WELL OWNER: **Johnson Coop Grain-Manter**  
 RR#, St. Address, Box #: **South 160 Highway**  
 City, State, ZIP Code: **Manter, Kansas**  
 Board of Agriculture, Division of Water Resources  
 Application Number: **REVISED 3/98**

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



4 DEPTH OF COMPLETED WELL: **85** ft. ELEVATION: **0**  
 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 **NA** ft after ..... hours pumping ..... gpm  
 Est. Yield **NA** gpm: Well water was ..... ft after ..... hours pumping ..... gpm  
 Bore Hole Diameter **8** in. to **85** 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 **10** Monitoring 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 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....  
**2** PVC 4 ABS 7 Fiberglass ..... Welded .....  
 Blank casing diameter ..... 2 in. to ..... 60 ft, Dia ..... in. to ..... ft, Dia ..... in. to ..... ft  
 Casing height above land surface ..... 0 in., weight ..... Sch 40 ..... lbs./ft. Wall thickness or gauge No. ....  
 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass **7** PVC 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) .....  
 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot **3** Mill slot 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 ..... 60 ft to ..... 85 ft, From ..... ft to ..... ft  
 From ..... ft to ..... ft, From ..... ft to ..... ft  
 GRAVEL PACK INTERVALS: From ..... 58 ft to ..... 85 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 ..... 55 ft, From ..... 55 ft to ..... 58 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 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)  
 Direction from well? ..... How many feet? **0**  
 ..... **Unknown** .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Clay, Dark Brown			
4	7	Clay, Brown			
7	18	Clay, Light Brown			
18	23	Clay Light Red Brown,			
23	31	Clay, Red Brown			
31	35	Clay, Light Brown			
35	46	Clay, Red-Brown			
46	57	Sand, Red Brown			
57	69	Sand, Red Brown			
69	73	Sand, Brown			
73	76	Sand,			
76	85	Sand, Brown			

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) ..... **11/23/97** ..... 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) ..... **12/30/97** .....  
 under the business name of **GeoCore Services, Inc.** by (signature) *Bob Rolf*

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.

OFFICE USE ONLY

T

R

EW

SEC.

1/2

1/2

1/2