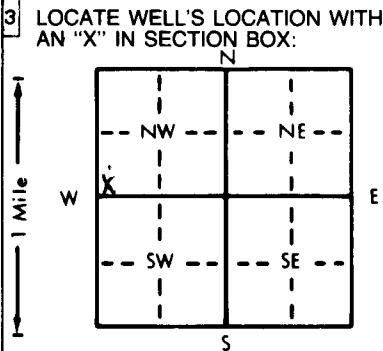


1 LOCATION OF WATER WELL: County: NORTON Fraction: SW 1/4 SW 1/4 NW 1/4 Section Number: 25 Township Number: T 2 S Range Number: R 22 EW

Distance and direction from nearest town or city street address of well if located within city?
NE CORNER OF HWY 383 AND COUNTY ROAD IN CALVERT, KS

2 WATER WELL OWNER: CALVERT STATION
 RR#, St. Address, Box #: 6209 N. HWY 61 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: ALMENA, KS Application Number: MW-12A



4 DEPTH OF COMPLETED WELL: 38.5 ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1. 30.5 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 31.22 ft. below land surface measured on mo/day/yr 4/8/96
 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: 8.25 in. to 38.5 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 10; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes _____ No 10

5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 7 Fiberglass Threaded Welded _____
 Blank casing diameter: 2 in. to 23.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 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 38.5 ft. to 23.5 ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 38.5 ft. to 21.5 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other CONCRETE
 Grout Intervals: From 21.5 ft. to 19.5 ft., From 19.5 ft. to 1 ft., From 1 ft. to 0 ft.
 What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
 Direction from well? SW How many feet? 315

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'	71	LT. BROWN TO BROWN SILT, W/CLAY, NO ODOR, DRY			
71	22'	LT. BROWN SILT, W/CLAY, DRY, NO ODOR			
22'	30'	BROWN TO YELLOW-BROWN, CLAYEY SILT, NO ODOR, DRY			
30'	38.5	BROWN SILTY SAND, FINE GRAIN, MOIST, NO ODOR, WATER AT 31.5			

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) 4/8/96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 589 This Water Well Record was completed on (mo/day/yr) 7/30/96 under the business name of KANSAS CITY TESTING LAB by (signature) Donald L. Sisco

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.