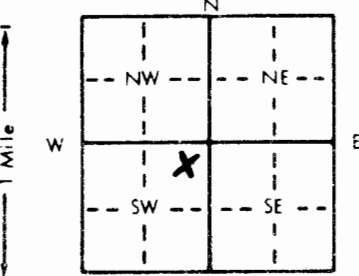


1 LOCATION OF WATER WELL: Fraction NE 1/4 NE 1/4 SW 1/4 Section Number 20 Township Number T 30 S Range Number R 29 EW
 County: MEADE

Distance and direction from nearest town or city street address of well if located within city?
FROM PLAINS 10 MILES NORTH TO RD & 6 1/2 EAST 1/2 NORTH INTO LOC.

2 WATER WELL OWNER: DAVE STAPLETON
 RR#, St. Address, Box # : 10006 E RD. Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : PLAINS, KS 67869 Application Number:

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


4 DEPTH OF COMPLETED WELL 340 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 100 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 100 ft. below land surface measured on mo/day/yr
 Pump test data: Well water was 120 ft. after 1 hours pumping 100 gpm
 Est Yield 100 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 12 1/2 in. to 340 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 HOG FARM
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes X No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing diameter 6 in. to 340 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface 24 in. weight 2,902 lbs./ft. Wall thickness or gauge No. 316 SDR 21
 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 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 200 ft. to 340 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 180 ft. to 340 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 HOLE PLUG _____
 Grout Intervals: From 1 ft. to 20 ft. From _____ ft. to _____ 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) _____
 13 Insecticide storage _____
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	CLAY	176	194	SAND
3	9	CLAY	194	204	COARSE SAND
9	16	CALICHE & CLAY	204	214	SAND
16	25	SANDY CLAY	214	226	COARSE SAND
25	51	CALICHE CLAY	226	242	SAND
51	72	SAND	242	289	BLUE CLAY
72	82	COARSE SAND	289	298	SAND
82	106	SAND	298	311	CLAY
106	115	SANDY CLAY	311	318	SAND
115	134	SAND W/ CLAY STREAKS	318	325	BLUE CLAY
134	141	COARSE SAND	325	330	SAND
141	146	CLAY	330	340	BLUE CLAY
146	152	SAND			
152	163	CLAY			
163	176	SAND W/CLAY STREAKS			

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) 5-25-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. KWWCL-430. This Water Well Record was completed on (mo/day/yr) 5-25-94 under the business name of HOWARD DRUG CO. BOX 806 BEAVER, OK 73932 by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send 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
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