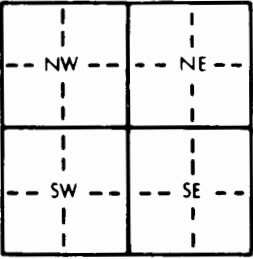


<b>1 LOCATION OF WATER WELL:</b> County: <u>Sumner</u>		Fraction <u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$		Section Number <u>34</u>	Township Number <u>T 30 S</u>	Range Number <u>R 3 E</u> <b>(EW)</b>					
Distance and direction from nearest town or city street address of well if located within city? <u>UPRR Railway, Conway Springs, Kansas</u>											
<b>2 WATER WELL OWNER:</b> <u>UPRR</u> RR#, St. Address, Box # : <u>1416 Dodge Street</u> City, State, ZIP Code : <u>Omaha, NE 68174</u> Board of Agriculture, Division of Water Resources Application Number: _____											
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"></div>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>22</u> ft. ELEVATION: _____ Depth(s) Groundwater Encountered <u>1</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>999</u> 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 _____ in. to _____ 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 <u>12</u> Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>									
<b>5 TYPE OF BLANK CASING USED:</b> 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 <del>PVC</del> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter <u>2</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: <u>PVC</u> 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: 1 Continuous slot <u>3</u> Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 3 Torch cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <u>18</u> ft. to <u>8</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.											
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3</u> Bentonite <u>4</u> Other <u>Native Soils/Clay</u> Grout Intervals: From <u>22</u> ft. to <u>3</u> ft., From <u>3</u> ft. to <u>0</u> 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 <del>Abandoned</del> 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		
							<u>22</u>	<u>3</u>	<u>Bentonite</u>		
							<u>3</u>	<u>0</u>	<u>Native Soils / Clay</u>		
							<u>Drilled out with 8" hollow stem auger</u>				
							<u>CON MW-4</u>				
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or <b>(3)</b> plugged under my jurisdiction and was completed on (mo/day/year) <u>12-10-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> This Water Well Record was completed on (mo/day/yr) <u>12-10-97</u> under the business name of <u>GeoCore Services, Inc.</u> by (signature) <u>Don Roll</u>											
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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.											