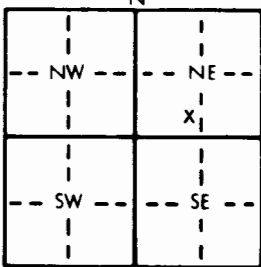


<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <b>Sumner</b>		<b>SE 1/4 SW 1/4 NE 1/4</b>	<b>17</b>	<b>T 32 S</b>	<b>R 4 E (W)</b>
Distance and direction from nearest town or city street address of well if located within city? <b>168' North of Garfield St. &amp; 43' East of Sumpter St., Argonia, Kansas</b> <span style="float:right"><b>HWST Job No.: 74-49/4060.02</b></span>					
<b>2 WATER WELL OWNER:</b> <b>Botkin Grain Company Inc.</b>					
RR#, St. Address, Box # : <b>313 North Argonia</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Argonia, Kansas 67004</b>			Application Number:		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL: 15.0 ft. ELEVATION: n/a</b>			
<div style="text-align: center;"></div>		Depth(s) Groundwater Encountered 1. <b>6.5</b> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <b>4.705</b> ft. below land surface measured on mo/day/yr <b>3/12/90</b>			
		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>6.5</b> in. to <b>15.0</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-8</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 <b>X</b>					
<b>5 TYPE OF BLANK CASING USED:</b>					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____			
<b>2 PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____					
Blank casing diameter <b>2</b> in. to <b>4.0</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Threaded <b>X</b>			
Casing height above land surface <b>flush</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Sch. 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) _____					
SCREEN OR PERFORATION OPENINGS ARE:		12 None used (open hole)			
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					
SCREEN-PERFORATED INTERVALS: From <b>4.0</b> ft. to <b>14.0</b> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>3.0</b> ft. to <b>14.0</b> ft., From _____ ft. to _____ ft.					
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <b>volclay grout</b>					
Grout Intervals: From <b>0.0</b> ft. to <b>3.0</b> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Lateral lines 7 Pit privy <b>11 Fuel storage</b> 14 Abandoned water well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____					
Direction from well? <b>Southwest</b>		How many feet? <b>70.0</b>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.0	1.0	SILTY CLAY: dark brown.			
1.0	2.0	SILTY CLAY: mottled very dark brown and reddish-brown.			
2.0	4.0	SILTY SAND: mottled very dark brown and light reddish-brown.			
4.0	6.5	FINE POORLY SORTED SAND:			
6.5	15.0	NINNESCAH SHALE FORMATION:			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>1</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>3/7/90</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>471</b> This Water Well Record was completed on (mo/day/yr) <b>3/13/90</b> under the business name of <b>HWS Technologies Inc.</b> by (signature) <i>Mike [Signature]</i>					
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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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