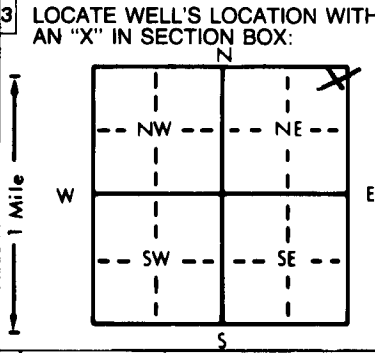


1 LOCATION OF WATER WELL: County: SMITH Fraction: NE 1/4 NE 1/4 NE 1/4 Section Number: 29 Township Number: T 3 S Range Number: R 14 E/N

Distance and direction from nearest town or city street address of well if located within city?
SITE LOCATED ON THE NORTHEAST OUTSKIRTS OF ATHOL

2 WATER WELL OWNER: ATHOL COOP. Board of Agriculture, Division of Water Resources
 RR#, St. Address, Box #: SOUTH MAIN Application Number: 0011283
 City, State, ZIP Code: ATHOL KANSAS 66932



4 DEPTH OF COMPLETED WELL: 19 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 10 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 10.15 ft. below land surface measured on mo/day/yr 9/17/95
 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: 8.65 in. to 19 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 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes No ; If yes, mo/day/yr sample was sub-
 mitted 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 _____
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded
 Blank casing diameter 2 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 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:
 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 4 ft. to 19 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 3 ft. to 19 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 1 ft., From 1 ft. to 3 ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy Fuel storage 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? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Clay dark brown, no odor			
3	8	Clay w/silt brown, no odor			
8	19	Silt w/clay + fine grained sand, light brown, wet at 10 FT			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 6/17/95 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) 9/20/95 under the business name of Maxim Technologies by (signature) William J Rudon

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.