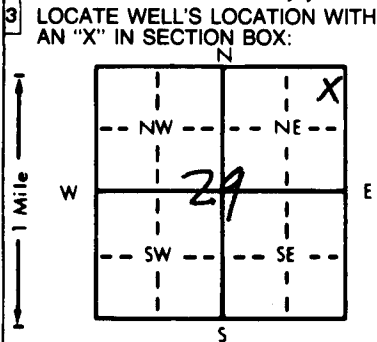


1 LOCATION OF WATER WELL: Fraction NE 1/4 NE 1/4 NE 1/4 Section Number 29 Township Number T 3 S Range Number R 14 E
 County: SMITH

Distance and direction from nearest town or city street address of well if located within city?
N. PINE ST. APPROX 200 FEET SOUTH OF HIGHWAY, US 36, ATHOL, KANSAS

2 WATER WELL OWNER: ATHOL COOP ASSN. (KATHE INSTALLED)
 RR#, St. Address, Box #: P.O. BOX 217 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: ATHOL, KANSAS, 66932 Application Number:



4 DEPTH OF COMPLETED WELL: 19.5' ft. ELEVATION: 1800.82
 Depth(s) Groundwater Encountered 1. 13.0' - 17.5' ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL 16.58 ft. below land surface measured on mo/day/yr 4/8/98
 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 10 Monitoring well MW-5
 Was a chemical/bacteriological sample submitted to Department? Yes..... No.....; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
 2 PVC 4 ABS 7 Fiberglass Threaded
 Blank casing diameter 2" in. to 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)

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other neat grout/bentonite
 Grout intervals: From ft. to 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	18.5'	bentonite/grout mix
				18.5 - 3.0'	
					seal 3.0' - grade

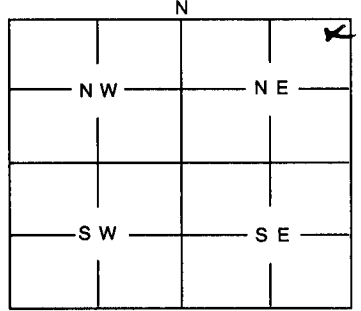
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 5/23/00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 614 This Water Well Record was completed on (mo/day/yr) 5/25/00 under the business name of MAXIM TECH. by (signature) William [Signature]

1	LOCATION OF WATER WELL: County: <u>Smith</u>	Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>	Section Number <u>29</u>	Township Number <u>3</u>	Range Number <u>14 W</u>
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Distance and direction from nearest town or city street address of well if located within city?
(App 200' S. Hwy 36) N Pine, Athol, KS

2	WATER WELL OWNER: RR #, St. Address, Box #: City, State, ZIP Code :	<u>Athol (Butte) Coop</u> <u>P.O. Box 217</u> <u>Athol KS 66932</u>	<u>MW-5</u> Board of Agriculture, Division of Water Resources Application Number:
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RECEIVED
AUG 24 2000
BUREAU OF ENVIRONMENTAL REMEDIATION

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

4	DEPTH OF WELL <u>18.5'</u> ft												
	WELL'S STATIC WATER LEVEL <u>16.58</u> ft.												
	WELL WAS USED AS:												
	<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 <u>Monitoring Well</u></td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 <u>Monitoring Well</u>	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well											
4 Industrial	8 Air Conditioning	12 Other											
	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>												

5	TYPE OF BLANK CASING USED:										
	<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><u>2 PVC</u></td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	8 Concrete Tile								
	Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No If yes, how much <u>18.5'</u>										
	Casing height above or below land surface										

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other																				
	Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft.																				
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	Direction from well? How many feet?																				

FROM	TO	PLUGGING MATERIALS
<u>18.5</u>	<u>3.0</u>	<u>Bentonite</u>
<u>3.0</u>	<u>0</u>	<u>Soil</u>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5/23/00</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>614</u> This Water Well Record was completed on (mo/day/year) <u>8/22/00</u> under the business name of <u>Maxim Tech</u> by (signature) <u>William Steffel</u>
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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: 785/296-3565. Send one to Water Well Owner and retain one for your records.