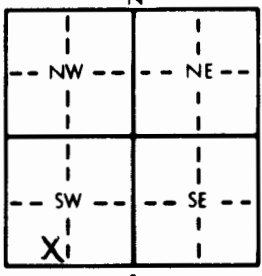


1 LOCATION OF WATER WELL: Fraction SE 1/4 SW 1/4 SW 1/4 Section Number 36 Township Number T 7 S Range Number R 25 E
 County: Graham

Distance and direction from nearest town or city street address of well if located within city?
3 N of Moreland

2 WATER WELL OWNER: Mary Sanger Trustee
 RR#, St. Address, Box #: X Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Moreland Kans. 67650 Application Number:

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

 4 DEPTH OF COMPLETED WELL X 131 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL X 101 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)
 Irrigation 4 Industrial 7 Lawn and garden only 10 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: 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued Clamped
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify)
 12 None used (open hole)
 Blank casing diameter X 8 in. to 131 ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface X 18 in., weight lbs./ft. Wall thickness or gauge No.
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 SCREEN OR PERFORATION OPENINGS ARE:
 SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Gravel
 Grout Intervals: From X 0 ft. to 131 ft., From ft. to ft., From ft. to ft.
 What is the nearest source of possible contamination: None close
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
					<u>Capping Criteria</u> <u>X Steel Cap with band around it.</u>

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) X 12-20-88 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) X 1-10-89 under the business name of by (signature) X Leonard M. Pappas

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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.

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