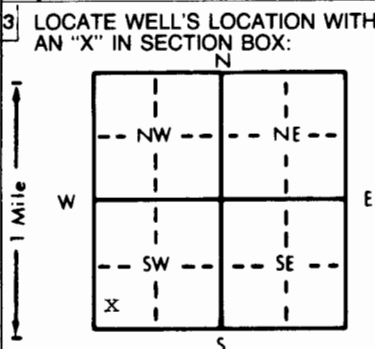


1 LOCATION OF WATER WELL: County: GRAHAM Fraction SW 1/4 SW 1/4 SW 1/4 Section Number 35 Township Number T 8 S Range Number 23 EW

Distance and direction from nearest town or city street address of well if located within city?  
4 miles South and 1 mile West of HILL CITY KS

2 WATER WELL OWNER: CLARK GRIFFEY  
RR#, St. Address, Box #: 1020 W MCFARLAND ST  
City, State, ZIP Code: HILL CITY KS 67642  
Board of Agriculture, Division of Water Resources  
Application Number:



4 DEPTH OF COMPLETED WELL: 22 ft. ELEVATION: ..... ft.  
Depth(s) Groundwater Encountered 1. 30 ft. 2. 14 ft. 3. ..... ft.  
WELL'S STATIC WATER LEVEL: 14 ft. below land surface measured on mo/day/yr 3-13-97  
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: 10 in. to 22 ft., and ..... in. to ..... ft.  
WELL WATER TO BE USED AS:  
5 Public water supply 8 Air conditioning 11 Injection well  
XX 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  
Was a chemical/bacteriological sample submitted to Department? Yes.....No.....XX; If yes, mo/day/yr sample was submitted  
Water Well Disinfected? Yes No XX

5 TYPE OF BLANK CASING USED:  
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued XX Clamped .....  
XX PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....  
7 Fiberglass Threaded.....  
Blank casing diameter ..... in. to 12 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:  
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) .....  
12 None used (open hole)  
SCREEN OR PERFORATION OPENINGS ARE:  
1 Continuous slot XX 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 12 ft. to 22 ft., From ..... ft. to ..... ft.  
GRAVEL PACK INTERVALS: From 12 ft. to 22 ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout XX Bentonite 4 Other .....  
Grout Intervals: From 0 ft. to 12 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	2	SURFACE CLAY			
2	15	HARD YELLOW CLAY			
15	20	LARGE SAND			
20	22	BLUE SHALE			

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) 3-13-97 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 444 This Water Well Record was completed on (mo/day/year) 3-13-97 under the business name of ANDERSON DRILLING by (signature) *Cindy Anderson*

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.

OFFICE USE ONLY  
T  
R  
EW  
SEC.