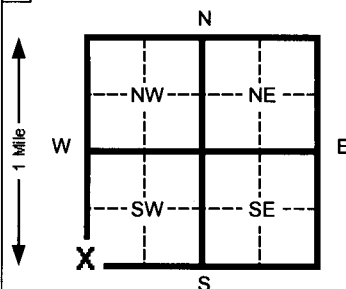


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Graham	SW ¼ SW ¼ SW ¼	12	T 8 S	R 23 E

Distance and direction from nearest town or city street address of well if located within city?
322 W. Main Street, Hill City, Kansas

2 WATER WELL OWNER: **Jule M. Winters**
 RR#, St. Address, Box # : **322 W. Main Street**
 City, State, ZIP Code : **Hill City, Kansas 67642**
 Board of Agriculture, Division of Water Resources
 Application Number:

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



4 DEPTH OF COMPLETED WELL **55.0** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 **45.7** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **41.69** ft. below land surface measured on **02/22/06**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **NA** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **8.5** in. to **55.0** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) Monitoring well
 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 **2.375** in. to **35.0** 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. **Schedule 40**

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) _____

SCREEN-PERFORATED INTERVALS: From **55.0** ft. to **35.0** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **55.0** ft. to **32.0** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals From **0.0** ft. to **2.0** ft. From **2.0** ft. to **32.0** 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? **Northwest** How many feet? **75**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	1.0		Gravel and Sand
1.0	2.5		Brown-red brown very silty clay, firm, slightly moist
2.5	18.0		Brown-red brown silt, friable, slightly moist-dry, trace odor 15-18.0'
18.0	28.0		Brown-light red brown very fine-grained sand, silty, caliche stringers, slightly moist, trace odor, strong odor 25.0-28.0'
28.0	30.5		Yellow chalk, very silty, some caliche fragments, friable, moist, strong odor
30.5	52.5		Brown-gray brown very fine-medium grained sand, silty, moist-very moist, strong odor, slight gray staining
52.5	54.0		White chalk, hard
54.0	55.0		Dark gray shale, hard (Pierre Shale)
Flush-mount well completion approved by D. Taylor, KDHE-BOW.			

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/yr) **01/04/06** and this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **03/21/06**
 under the business name of **Quad State Services, Inc.** by (signature) _____

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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