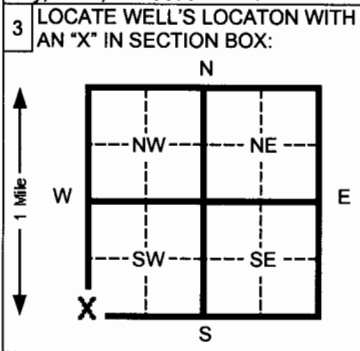


1 LOCATION OF WATER WELL: County: Graham	Fraction SW ¼ SW ¼ SW ¼	Section Number 12	Township Number T 8 S	Range Number R 23 E
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Distance and direction from nearest town or city street address of well if located within city?
322 W. Main Street, Hill City, 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:



4 DEPTH OF COMPLETED WELL **53.0** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 **45.5** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **41.30** ft. below land surface measured on mo/day/yr **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 **53.0** 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) 10 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 **33.0** 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 **53.0** ft. to **33.0** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **53.0** ft. to **30.0** 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 **30.0** 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? **South** How many feet? **20**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	1.0		Gravel and Sand
1.0	2.0		Brown very silty clay, laminated, firm, moist-slightly moist
2.0	13.5		Brown clayey silt, laminated, firm, very slightly moist
13.5	26.0		Red-brown clayey silt, trace caliche, firm-friable, slightly moist-moist, trace odor
26.0	28.0		Yellow weathered chalk, moist
28.0	34.5		Brown clayey silt, firm, moist-slightly moist, trace odor
34.5	49.0		Gray-brown very fine-medium grained sand, silty, maroon clay lenses, weathered shale and chalk fragments, moist-very moist, trace odor, trace gray staining
49.0	50.0		White chalk
50.0	53.0		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 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.