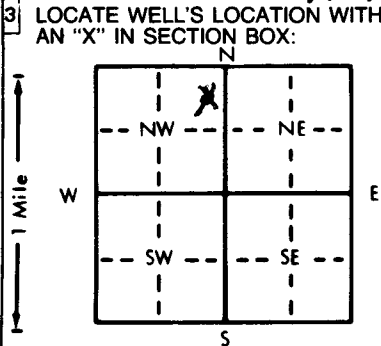


1 LOCATION OF WATER WELL: County: MITCHELL Fraction: NE 1/4 NE 1/4 NW 1/4 Section Number: 2 Township Number: T 9 S Range Number: R 10 E/W

Distance and direction from nearest town or city street address of well if located within city?  
5 Miles North - 1/4 Mile West from HUNTER, KS 67452

2 WATER WELL OWNER: LONNIE WILSON  
 RR#, St. Address, Box #: P.O. BOX 1305 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: SALINA, KS 67402-1305 Application Number:



4 DEPTH OF COMPLETED WELL: 25 ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL: 5 ft. below land surface measured on mo/day/yr 12-1-98  
 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:  
 1 Domestic  2 Irrigation  3 Feedlot  4 Industrial  5 Public water supply  6 Oil field water supply  7 Lawn and garden only  8 Air conditioning  9 Dewatering  10 Monitoring well  11 Injection well  12 Other (Specify below)  
 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:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....  
 2 PVC 4 ABS 6 Asbestos-Cement  9 Other (specify below) Welded .....  
 7 Fiberglass ROCK Threaded .....  
 Blank casing diameter 5 FT. in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface 3 FT. BELOW weight ..... lbs./ft. Wall thickness or gauge No. ....  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 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 3 Mill slot 5 Gauzed wrapped 6 Wire wrapped 8 Saw cut  1 None (open hole)  
 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify) 1  
 SCREEN-PERFORATED INTERVALS: From 999 ft. to 999 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 .....  
 Grout Intervals: From 4 ft. to 3 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  11 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? 50

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>25</u>	<u>5</u>	<u>SAND</u>			
<u>5</u>	<u>4</u>	<u>CLAYS</u>			
<u>4</u>	<u>3</u>	<u>BENTONITE</u>			
<u>3</u>	<u>0</u>	<u>Top Soil</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) 12-1-98 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A This Water Well Record was completed on (mo/day/yr) ..... under the business name of HUNTER BACKHOE by (signature) Robert Wiles

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.