

LOCATION OF WATER WELL: Fraction NW 1/4 SW 1/4 SE 1/4 Section Number 18 Township Number T 11 S Range Number R 16 EW
 County: Stownee

Distance and direction from nearest town or city? _____ Street address of well if located within city? 2223 N Taylor

WATER WELL OWNER: Leonard Hemmond
 RR#, St. Address, Box #: 2223 N Taylor
 City, State, ZIP Code: Topeka Kansas 66608
 Board of Agriculture, Division of Water Resources
 Application Number: _____

DEPTH OF COMPLETED WELL: 49 ft. Bore Hole Diameter: 8 in. to 25 ft., and 5 in. to 49 ft.

Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level: 25 ft. below land surface measured on 8 month 28 day 1981 year
 Pump Test Data: Well water was 26 ft. after 2 hours pumping 80 gpm
 Est. Yield 460 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) 10 Asbestos-cement
 Casing Joints: Glued Clamped _____
 Welded _____ Threaded _____

Blank casing dia: 5 in. to 43 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 1.5 lbs./ft. Wall thickness or gauge No. 214

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 Saw cut 9 ABS 10 Other (specify) 11 Other (specify) 12 None used (open hole)

Screen or Perforation Openings Are:
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)

Screen-Perforation Dia: 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From 43 ft. to 49 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From 2 ft. to 12 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)

Direction from well: West How many feet: 60 ? Water Well Disinfected? Yes _____ No

Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No

If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 8 month 28 day 1981 year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 406
 This Water Well Record was completed on 9 month 3 day 1981 year under the business name of Desch Equipment by (signature) [Signature]

| LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|--|------|----|----------------------|------|----|----------------|
| | 0 | 3 | Black Topsoil | | | |
| | 3 | 10 | Lt sandy clay | | | |
| | 10 | 25 | Lt Bwn fine sand | | | |
| | 25 | 45 | medium sand | | | |
| | 45 | 46 | Blue clay | | | |
| | 46 | 49 | coarse sand & gravel | | | |

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 25 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and

OFFICE USE ONLY T 11 R 16 EW SEC. 18