

1 LOCATION OF WATER WELL
 County: SHAWNEE Fraction NE 1/4 SE 1/4 SW 1/4 Section Number 27 Township Number T 11 S Range Number R 16 E/W
 Distance and direction from nearest town or city? _____ Street address of well if located within city? 435 STRAIT

2 WATER WELL OWNER: J. DECHNER
 RR#, St. Address, Box # : _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : 435 STRAIT ST. TOPEKA KAN. 66616 Application Number: _____

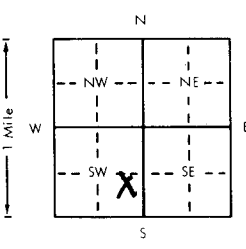
3 DEPTH OF COMPLETED WELL: 4.3 ft. Bore Hole Diameter: 8 in. to 28 ft., and 5 in. to 4.3 ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
7 Lawn and garden only 10 Observation well
 Well's static water level: 28 ft. below land surface measured on _____ month _____ day _____ year
 Pump Test Data: Well water was 28 ft. after _____ hours pumping _____ gpm
 Est. Yield 20 gpm: Well water was 28 ft. after _____ hours pumping _____ gpm

4 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 _____ Threaded _____
 Blank casing dia: 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: _____ in., weight _____ lbs./ft. Wall thickness or gauge No. X
 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 3 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-Perforation Dia: _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: _____ From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: _____ From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: _____ From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
13 Watertight sewer lines
 Direction from well: N.W. How many feet: 25 ? 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: GOULDS Model No. 10EJ HP 1/3 Volts 115
 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 _____

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year _____
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 333
 This Water Well Record was completed on _____ month _____ day _____ year _____
 name of _____ by (signature) _____

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



| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|------|----|------------------|------|----|----------------|
| 0 | 4 | TOP SOIL | | | |
| 4 | 8 | GRAY GUMBO | | | |
| 8 | 16 | GRAY BARTH | | | |
| 16 | 22 | 4 SILT | | | |
| 22 | 26 | SANDY SOIL | | | |
| 26 | 29 | FINE SAND + MUD. | | | |
| 29 | 43 | SAND + GRAVEL | | | |

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ 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 retain one for your records.