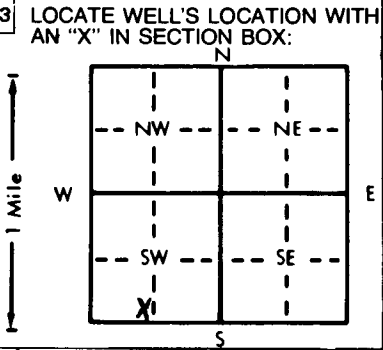


1 LOCATION OF WATER WELL: County: Marion Fraction SE 1/4 SW 1/4 SW 1/4 Section Number 11 Township Number T 18 S Range Number R 4 E

Distance and direction from nearest town or city street address of well if located within city? IN Lincolnville

2 WATER WELL OWNER: Ben Schneider RR#, St. Address, Box #: Lincolnville Kansas 66858 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: 90 ft. ELEVATION: Depth(s) Groundwater Encountered 1. 73 ft. 2. WELL'S STATIC WATER LEVEL 36 ft. below land surface measured on mo/day/yr Oct 30 85 Sep 16 85

5 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) CASING JOINTS: Glued X Clamped Welded Threaded Blank casing diameter 5 in. to 36 ft., Dia. Casing height above land surface 14 in., weight lbs./ft. Wall thickness or gauge No. SDR-26

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From 3 ft. to 30 ft. What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) Direction from well? EAST How many feet? 75'

Table with columns: FROM, TO, LITHOLOGIC LOG. Rows: 0-2 Top soil, 2-23 Wellington, 23-51 Nolan's, 51-65 ODELL, 65-90 Windfield

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) Sep 16 85 Oct 30 85 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 218 This Water Well Record was completed on (mo/day/yr) Oct 30 85 under the business name of Zinn Water Well Drllg by (signature) David A. Zinn

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.