

1 LOCATION OF WATER WELL
 County: Marion Fraction NE 1/4 NE 1/4 SW 1/4 Section Number 8 Township Number T 18 S Range Number R 4 EW

Distance and direction from nearest town or city? 3 mi W. .5 mi N from Lincolnville, Kans.
 Street address of well if located within city?

2 WATER WELL OWNER: Dennis Steiner
 RR#, St. Address, Box #: RR #1 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Lincolnville, Kansas 66858 Application Number:

3 DEPTH OF COMPLETED WELL: 85 ft. Bore Hole Diameter: 9 in. to 15 ft., and 6 in. to 85 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: 22 ft. below land surface measured on 3 month 2 day 81 year
 Pump Test Data: Well water was 71 ft. after 1/4 hours pumping. 20 gpm
 Est. Yield 25 gpm: Well water was _____ 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 Brass 4 Galvanized steel 6 Asbestos-Cement 9 Other (specify below) Welded
 2 PVC 4 ABS 7 Fiberglass _____ Threaded

Blank casing dia: 5 in. to 55 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 15 in., weight 216.603 lbs./ft. Wall thickness or gauge No: 15/64 in.
 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: 5 in. to 85 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 55 ft. to 85 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: None 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 2 1/2 ft. to 15 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: NE, How many feet: 52? 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: Red Jacket Model No. N.A. HP 1/2 Volts 220
 Depth of Pump Intake: 80 ft. Pumps Capacity rated at 11 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. 161
 This Water Well Record was completed on _____ month _____ day _____ year under the business name of Benda Drilling by (signature) Paul W. Benda

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG		LITHOLOGIC LOG	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO
	0	1			Top Soil - Black			
	1	4			Clay - Brown			
	4	21			Clay - Dark yellow			
	21	33			Clay - Light yellow - Limestone Pebbles			
	33	55			Shale - Dark Blue			
	55	67			Shale - Light Blue			
	67	70			Sandstone - Gray to White - Med. Water			
	70	85			Shale - Med. Blue			

ELEVATION:
 Depth(s) Groundwater Encountered 1. 67 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.

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