

1 LOCATION OF WATER WELL
 County: Marion Fraction NW 1/4 NE 1/4 NW 1/4 Section Number 14 Township Number T 18 S Range Number R 4 EW
 Distance and direction from nearest town or city? In Lincolnville Kansas Street address of well if located within city? Adams St.

2 WATER WELL OWNER: Lloyd Suffield
 RR#, St. Address, Box #: Box No. 42 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Lincolnville, Kansas 66858 Application Number:

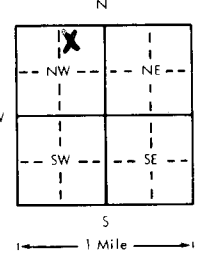
3 DEPTH OF COMPLETED WELL: 101 ft. Bore Hole Diameter: 9 in. to 12 ft., and 6 in. to 101 ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level: 44 ft. below land surface measured on 1 month 28 day 81 year
 Pump Test Data: Well water was 67 ft. after 1/4 hours pumping 18 gpm
 Est. Yield 30 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 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing dia: 5 in. to 71 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 216 lbs./ft. Wall thickness or gauge No. 18 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 101 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 71 ft. to 101 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 0 ft. to 12 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 Solid 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: 32 ? 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: Dempster Model No. N.A. HP 1/2 Volts 110
 Depth of Pump Intake: 95 ft. Pumps Capacity rated at 6 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 29 day 81 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 23 day 81 year under the business name of Benda Drilling by (signature) Paul W. Benda

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

 FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG
0 2 Top Soil Black _____ _____
2 6 Clay Brown _____ _____
6 16 Clay-yellow-Gravel _____ _____
16 31 Clay Dark yellow _____ _____
31 34 Clay Red _____ _____
34 44 Clay light yellow _____ _____
44 65 Lime Hard _____ _____
65 71 Sand Water _____ _____
71 82 Shale light Blue _____ _____
82 86 Clay Red _____ _____
86 101 Lime Sand Water _____ _____
 ELEVATION: _____

Depth(s) Groundwater Encountered 1. 65 ft. 2. 85 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.

OFFICE USE ONLY
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 SEC.
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 NW 1/4
 NE 1/4
 SW 1/4
 SE 1/4