

1 LOCATION OF WATER WELL
 County: Marion Fraction SW 1/4 SE 1/4 SE 1/4 Section Number 7 Township Number T 18 S Range Number R 5 EW

Distance and direction from nearest town or city? 2.3 mi, E. Street address of well if located within city?
from Lincolnville, Kansas 66858

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

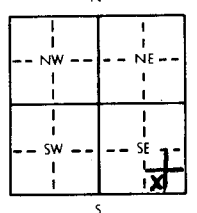
3 DEPTH OF COMPLETED WELL: 113 ft. Bore Hole Diameter: 9 in. to 12 ft., and 8 in. to 113 ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level: 75.5 ft. below land surface measured on 3 month 7 day 83 year
 Pump Test Data: Well water was 1.01 ft. after 5 hours pumping 15 gpm
 Est. Yield 15 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 83 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 24 in., weight 2 lb. 6 oz. lbs./ft. Wall thickness or gauge No. 15/64
 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 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 7 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia: 5 in. to 113 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 83 ft. to 113 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 12 ft. to 113 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 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 11 Fertilizer storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) Trench Silo
 Direction from well: E. How many feet 460? 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 1/2 Volts 220
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on 3 month 7 day 83 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 3 month 21 day 1983 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	110	113	Shale Red
2	18	Clay Brown			
18	21	Limestone Rock			
21	32	Clay Med Yellow			
32	54	Lime Gray White			
54	57	Shale Red			
57	65	Shale Light Blue			
65	67	Rock Flint Hard			
67	87	Shale Dark Blue			
87	95	Water Gravel Sand			
95	110	Shale Med Blue			

Depth(s) Groundwater Encountered 1. 90 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.

OFFICE USE ONLY

T

1/2

R

3

EW

SEC

7

SW 1/4 SE 1/4 SE 1/4