

1 LOCATION OF WATER WELL
 County: Marion Fraction: SW 1/4 SW 1/4 SE 1/4 Section Number: 16 Township Number: T 18 S Range Number: R 5 EW

Distance and direction from nearest town or city? 4 mi E, 1 mi S from Lincolnville, Ks. Street address of well if located within city?

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

3 DEPTH OF COMPLETED WELL: 110 ft. Bore Hole Diameter: 9 in. to 15 ft., and 6 in. to 110 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: 5.9 ft. below land surface measured on 2 1/4 month 19 day 81 year
 Pump Test Data: Well water was 7.6 ft. after 1/4 hours pumping 15 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 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 7.0 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 14 in., weight 2 lb. 6 oz. lbs./ft. Wall thickness or gauge No: 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 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
 _____ _____ _____ _____ 10 Other (specify) _____

Screen-Perforation Dia: 5 in. to 110 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 70 ft. to 110 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.

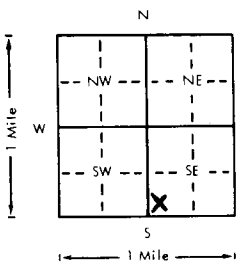
5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From 0 ft. to 12 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

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 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: E. How many feet: 64 ? 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: 105 ft. Pumps Capacity rated at 10 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 2 month 19 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 3 month 11 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	5	Clay Yellow			
5	8	Limestone Soft			
8	18	Lime			
18	22	Limestone Hard			
22	38	Clay Light yellow			
38	61	Clay Red			
61	73	Clay Orange-Brown			
73	81	Sandstone Water			
81	101	Shale - Med. Blue			
ELEVATION:	101	110			

Depth(s) Groundwater Encountered: 1. 73 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
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18
R
5
SEC.
16
SW 1/4 SW 1/4 SE 1/4