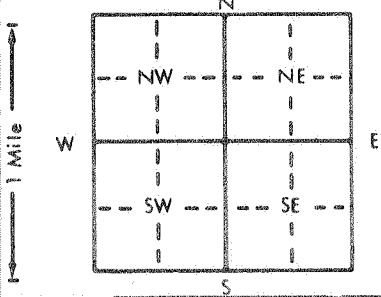


1 LOCATION OF WATER WELL: Fraction 29 SE 1/4 19 NW 1/4 SE 1/4 Section Number 29 Township Number T 19 S Range Number R 13 EW  
 County: LYON

Distance and direction from nearest town or city street address of well if located within city?  
In Town of Neosho Rapids - Neosho Street

2 WATER WELL OWNER: Eric Mahan  
 RR#, St. Address, Box #: P.O. Box Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Neosho Rapids KS 66864 Application Number:

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



4 DEPTH OF COMPLETED WELL: 42 ft. ELEVATION: ..... ft.  
 Depth(s) Groundwater Encountered 1. 30 ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL: 30 ft. below land surface measured on mo/day/yr Jul 18 90

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield 2.7 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter: 8.5/8 in. to 3.4 in., and 8 in. to 42 in.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes..... No X.....; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected?  Yes  No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped .....  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 2 PVC 4 ABS 7 Fiberglass ..... Threaded.....

Blank casing diameter: 5 in. to 30 in., Dia. .... in. to ..... in. Dia. .... in. to ..... in.  
 Casing height above land surface: 16 in., weight ..... lbs./ft. Wall thickness or gauge No. SPR-26

TYPE OF SCREEN OR PERFORATION MATERIAL:  7 PVC 10 Asbestos-cement  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) .....  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped  8 Saw cut 11 None (open hole)  
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....

SCREEN-PERFORATED INTERVALS: From 30 ft. to 42 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 27 ft. to 42 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL:  1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....  
 Grout Intervals: From 3 ft. to 27 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)  
 13 Insecticide storage  
 Direction from well? East How many feet? 30

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Top soil			
4	8	Clay lite TAN			
8	18	Clay Red			
18	21	Real Fine Sandy Red Clay			
21	30	Sandy Clay - coarse			
30	32	Large Gravel 1/4" to 4"			
32	34	Shale BIK			
34	41	Shale Blue			
41	42	Coal			

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) Jul 18 90 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) Aug 1 90 under the business name of Zinn Water Well Dring by (signature) Joseph 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, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.