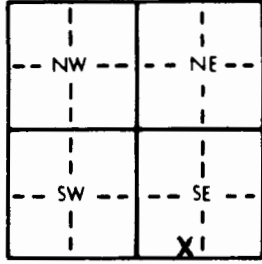


1 LOCATION OF WATER WELL: County: Marion Fraction: SE 1/4 SW 1/4 SE 1/4 Section Number: 32 Township Number: T 19 S Range Number: R 4 E/W

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Marion County Highway Dept Board of Agriculture, Division of Water Resources
 RR#, St. Address, Box #: 142 N. Coble City, State, ZIP Code: Marion, KS Application Number: MW-9

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: 38.5 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 25.4 ft. below land surface measured on mo/day/yr _____
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter _____ in. to _____ ft., and _____ in. to _____ ft.
 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 Yes; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No Yes

5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded Yes
 Blank casing diameter _____ in. to 18.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From _____ ft. to 18.5 ft. to 38.5 ft. From _____ ft. to _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to 16 ft. to 39 ft. From _____ ft. to _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout intervals: From _____ ft. to 0 ft. to 1.5 ft. From 1.5 ft. to 14 ft. From 14 ft. to 16 ft.
 What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Topsoil + Clay, dark brown			
5	12	silty clay, light brown			
12	15	Bedrock, shale w/silt light brown			
15	18	limestone, light brown			
18	25	Shale (Siltstone) light brown			
25	28	limestone, light brown			
28	38	Siltstone light brown			
38	39	limestone, light brown			

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) 6/23/93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 483 This Water Well Record was completed on (mo/day/yr) 6/23/93 under the business name of TEST by (signature) Clayton R. Dyer

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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.