

1 LOCATION OF WATER WELL
 County: Marion Fraction: SE 1/4 SE 1/4 NE 1/4 Section Number: 1 Township Number: T 19+0 S Range Number: R 4 EW
 Distance and direction from nearest town or city? 2 1/2 mile East And 1/2 South of Antelope Street address of well if located within city?

2 WATER WELL OWNER: Marland Clouber
 RR#, St. Address, Box #: Rt 1 Lincolnville, KS Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Application Number:

3 DEPTH OF COMPLETED WELL: 96 ft. Bore Hole Diameter: 8 in. to 13 ft., and 6 3/4 in. to 96 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: 82 ft. below land surface measured on 4 1/2 month 8 day 81 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 16 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 7 Fiberglass 9 Other (specify below) Welded _____
 Blank casing dia: 5 in. to 80 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 18 in., weight _____ lbs./ft. Wall thickness or gauge No: 214
 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 _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 80 ft. to 96 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From NONE 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 3 ft. to 13 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: West How many feet: 300 ? 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 _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ 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 4 1/2 month 8 day 81 year
 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 4 1/2 month 29 day 81 year under the business name of Zinn Water Well Dring by (signature) Joseph A. Zinn

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Topsoil Blk	78	82	LIME TAN
3	14	LIME Yel	82	83	Shale
14	25	Shale Yel	83	96	LIME/Flint Florence
25	34	Shale Green			
34	47	Red Rock			
47	48	LIME			
48	52	Shale Green			
52	58	LIME Yel			
58	59	Shale Gray			
59	75	LIME TAN			
75	78	Shale Gray			

ELEVATION: _____

Depth(s) Groundwater Encountered 1... 82 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 19
R 4
SEC.
SE 1/4
SE 1/4
NE 1/4