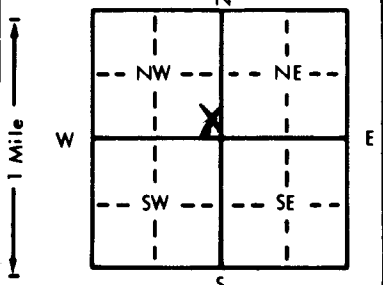


1 LOCATION OF WATER WELL: Fraction Se 1/4 Sec 1/4 NW 1/4 Section Number 5 Township Number T 20 S Range Number R 4 E

Distance and direction from nearest town or city street address of well if located within city?
In City Marion 617 S Ceder

2 WATER WELL OWNER: Lenard Bartel
 RR#, St. Address, Box #: 617 S Ceder
 City, State, ZIP Code: Marion Mo. 66861
 Board of Agriculture, Division of Water Resources
 Application Number:

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



4 DEPTH OF COMPLETED WELL: 97 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. 42 ft. 2. 87 ft. 3. 9-23-83 ft.
 WELL'S STATIC WATER LEVEL 42 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:
 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 Observation well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes X No

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

Blank casing diameter 5 in. to 77 ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.
 Casing height above land surface 12 in., weight 128.160 lbs./ft. Wall thickness or gauge No. 2.14

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-PERFORATED INTERVALS: From 77 ft. to 97 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 10 ft. to 97 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 0 ft. to 10 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? E How many feet? 30

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>0</u>	<u>7</u>	<u>Clay</u>			
<u>7</u>	<u>42</u>	<u>limestone + Shale</u>			
<u>42</u>	<u>87</u>	<u>Red + Yellow Clay + Shale</u>			
<u>87</u>	<u>88</u>	<u>Water</u>			
<u>88</u>	<u>97</u>	<u>Gray Rock</u>			

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) 9-23-83 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 180 This Water Well Record was completed on (mo/day/yr) 9 under the business name of Backhus Drilling by (signature) Paul Backhus

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 Senior Services, Division of Water Resources, 12000 Shawnee Mission Blvd., Overland Park, MO 66209.

OFFICE USE ONLY T 20 R 4 E/W SEC. 5 SE 1/4 SW 1/4 NW 1/4