

1 LOCATION OF WATER WELL
 County: MARION Fraction: SW 1/4 SW 1/4 NW 1/4 Section Number: 9 Township Number: T 21 S Range Number: R 3 E
 Distance and direction from nearest town or city? 5 mi N Peabody Street address of well if located within city?

2 WATER WELL OWNER: TA STATZMAN
 RR#, St. Address, Box #: 1500 N PLUM Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Newton KS 67114 Application Number:

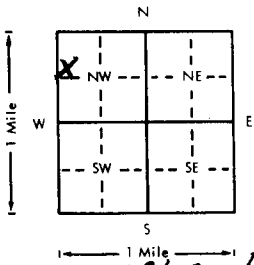
3 DEPTH OF COMPLETED WELL: 38 ft. Bore Hole Diameter: 10 in. to 28 ft., and 7 in. to 38 ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 6 Oil field water supply 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only

Well's static water level: 20 ft. below land surface measured on 4 month 11 day 81 year
 Pump Test Data: Well water was 25 ft. after 1 hours pumping 10 gpm
 Est. Yield 10-15 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 6 Asbestos-Cement 9 Other (specify below) Welded
 Blank casing dia: 5 in. to 18 in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia
 Casing height above land surface: 18 in., weight 2.20 lbs./ft. Wall thickness or gauge No. 320
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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 38 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia
 Screen-Perforated Intervals: From 20 ft. to 38 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 13 ft. to 38 ft., 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 2 ft. to 13 ft., From _____ ft. to _____ 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) CREEK
 Direction from well: N How many feet: 200 ? 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 month 11 day 81 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 211
 This Water Well Record was completed on _____ month _____ day _____ year under the business name of DVR Well Service by (signature) W. Williams

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


FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	TOP SOIL			
2	20	RED CLAY			
20	28	SANDY ROCK BROWN			
28	38	SHALE GREY			

 ELEVATION: UPLAND
 Depth(s) Groundwater Encountered 1. 30 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 21
 R 3
 SEC. 9
 SW 1/4 SW 1/4 NW 1/4