

1 LOCATION OF WATER WELL
 County: Marion Fraction: ~~W 1/4 SW 1/4~~ SE 1/4 SW 1/4 SW 1/4 Section Number: 10 Township Number: T 21 S Range Number: R 4 E/W

Distance and direction from nearest town or city? 3 West of Florence
 Street address of well if located within city?

2 WATER WELL OWNER: Carson Crawford RT 1
 RR#, St. Address, Box #: Florence 66851
 City, State, ZIP Code: Florence 66851
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: 9.2 ft. Bore Hole Diameter: 8" in. to total ft., and ... in. to ... ft.

Well Water to be used as:
 Domestic 3 Feedlot 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)
2 Irrigation 4 Industrial 7 8 9 10 11 12
 Well's static water level: 6.1 ft. below land surface measured on Completion month Live Stock Water day year
 Pump Test Data: Well water was ... ft. after ... hours pumping ... gpm
 Est. Yield gpm: Well water was ... ft. after ... hours pumping ... gpm

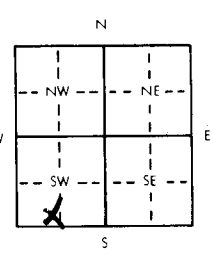
4 TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) Casing Joints: Glued Clamped Welded Threaded
 Blank casing dia: 6" in. to bottom ft., Dia in. to ... ft., Dia in. to ... ft.
 Casing height above land surface: 2' in., weight ... lbs./ft. Wall thickness or gauge No: 3/16

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 11 None (open hole)
 Screen-Perforation Dia: ... in. to ... ft., Dia in. to ... ft., Dia in. to ... ft.
 Screen-Perforated Intervals: From 8.7 ft. to upto 6.1 ft., From ... ft. to ... ft., From ... ft. to ... ft.
 Gravel Pack Intervals: 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 ~~...~~ ft. to 18-0 ft., From ... ft. to ... ft., From ... ft. to ... ft.

What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 Direction from well ... How many feet ... ? 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 May 18 month 1981 day 1981 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 168
 This Water Well Record was completed on May 18 month 1981 day 1981 year under the business name of Auriler Bros Const & Permit Number (signature) X ~~...~~

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

 FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG
1 3 soil 1 3
3 80 clay 3 80
8 27 limestone 8 27
27 36 yellow shale 27 36
36 42 green shale 36 42
42 56 limestone 42 56
56 80 yellow shale 56 80
80 92 limestone 80 92
Water at 82

ELEVATION:
 Depth(s) Groundwater Encountered 1. ... 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
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