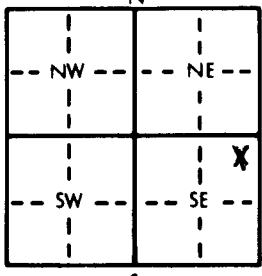


1 LOCATION OF WATER WELL: Fraction NE 1/4 NE 1/4 SE 1/4 Section Number 23 Township Number T 32-33(S) Range Number R 14 E/W
 County MONTGOMERY

Distance and direction from nearest town or city street address of well if located within city?
4 M. So. 1 M. WEST 3/4 M. So. of EIK C. Ty, KS. 67344

2 WATER WELL OWNER: TRACY FENNY
 RR#, St. Address, Box # : _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code EIK CITY RR# 1 KS. 67344 Application Number: _____

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

 4 DEPTH OF COMPLETED WELL 100 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 26 ft. 2. 68 ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 35 ft. below land surface measured on mo/day/yr 8-14-85
 Pump test data: Well water was 45 ft. after 1 hours pumping _____ gpm
 Est. Yield 12 gpm: Well water was 45 ft. after 1 hours pumping 12 gpm
 Bore Hole Diameter 9 in. to 10.0 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
X 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 _____
X 2 PVC 4 ABS 7 Fiberglass _____ Welded _____
 Blank casing diameter 6 in. to 30 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., weight _____ lbs./ft. Wall thickness or gauge No. SCHEDULE 80
 TYPE OF SCREEN OR PERFORATION MATERIAL: X 7 PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 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 X 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 30 ft. to 100 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 30 ft. to 100 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: X 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 30 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
X 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? So. E. How many feet? 150'

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	SOIL			
2	8	CLAY			
8	26	SANDSTONE			
26	42	SAND			
42	47	LIME			
47	68	SHALE			
68	72	SAND AND GRAVEL			
72	90	SHALE			
90	94	LIME			
94	100	SHALE			

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) 8-13-85 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 454 This Water Well Record was completed on (mo/day/yr) 9-12-85 under the business name of GENE'S WATERWELL SERVICE by (signature) Arnold C. Bellinger
 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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
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