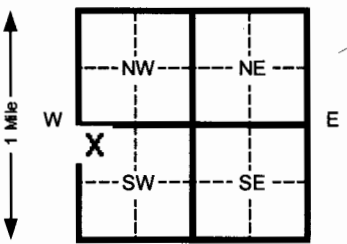


1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number	
County: <b>Brown</b>		NW ¼ NW ¼ SW ¼	33		T 4 S		R 17 E/W	
Distance and direction from nearest town or city street address of well if located within city?								
<b>729 1<sup>st</sup> Avenue East, Horton, Kansas</b>								
2 WATER WELL OWNER: <b>Davies Oil Company</b>								
RR#, St. Address, Box # : <b>Highway 36, P.O. Box 338</b>								
City, State, ZIP Code : <b>Troy, Kansas 66087</b>								
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 <b>30.0</b> ft. ELEVATION:					
			Depth(s) Groundwater Encountered 1 <b>16.5</b> ft. 2 _____ ft. 3 _____ ft.					
			WELL'S STATIC WATER LEVEL <b>17.45</b> ft. below land surface measured on mo/day/yr <b>08/05/04</b>					
			Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm					
			Est. Yield <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
			Bore Hole Diameter <b>8.5</b> in. to <b>30.0</b> ft. and _____ in. to _____ ft.					
			WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well					
			1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
			2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <b>10 Monitoring well</b>					
			Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____					
			Water Well Disinfected? Yes _____ No <b>X</b>					
5 TYPE OF BLANK CASING USED:								
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____								
<b>2</b> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____								
7 Fiberglass Threaded _____ <b>X</b>								
Blank casing diameter <b>2.375</b> in. to <b>10.0</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.								
Casing height above land surface <b>Flush Mount</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Schedule 40</b>								
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 <b>3</b> 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 <b>30.0</b> ft. to <b>10.0</b> ft. From _____ ft. to _____ ft.								
From _____ ft. to _____ ft. From _____ ft. to _____ ft.								
GRAVEL PACK INTERVALS: From <b>30.0</b> ft. to <b>7.0</b> ft. From _____ ft. to _____ ft.								
From _____ ft. to _____ ft. From _____ ft. to _____ ft.								
6 GROUT MATERIAL: 1 Neat cement <b>2</b> Cement grout <b>3</b> Bentonite 4 Other _____								
Grout Intervals From <b>0.0</b> ft. to <b>2.0</b> ft. From <b>2.0</b> ft. to <b>7.0</b> ft. From _____ ft. to _____ ft.								
What is the nearest source of possible contamination:								
1 Septic tank 4 Lateral lines 7 Pit privy <b>10</b> Livestock pens 14 Abandoned water well								
2 Sewer lines 5 Cess pool 8 Sewage lagoon <b>11</b> 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? <b>East</b> How many feet? <b>35</b>								
LITHOLOGIC LOG								
FROM TO CODE								
<b>0.0 0.5</b> <b>Gravel</b>								
<b>0.5 21.0</b> <b>Brown-red brown very silty clay, brick rubble/fill, laminated, very firm, moist-very moist, trace odor</b>								
<b>21.0 24.0</b> <b>Brown-red brown very silty clay, some gravel stringers, very firm, moist</b>								
<b>24.0 30.0</b> <b>Gray-olive-tan very silty clay, very firm, moist, trace odor</b>								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>1</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>07/23/04</b> and this record is true to the best of my knowledge and belief. Kansas								
Water Well Contractor's License No. <b>692</b> This Water Well Record was completed on (mo/day/yr) <b>08/06/04</b>								
under the business name of <b>Quad State Services, Inc.</b> by (signature) _____								
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St. Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.								

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