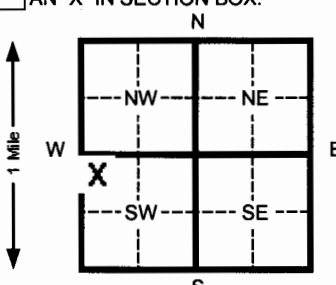


1 LOCATION OF WATER WELL: County: **Brown** Fraction **NW ¼ NW ¼ SW ¼** Section Number **33** Township Number **T 4 S** Range Number **R 17 E/W**

Distance and direction from nearest town or city street address of well if located within city?  
**729 1st Avenue East, Horton, Kansas**

2 WATER WELL OWNER: **Davies Oil Company**  
 RR#, St. Address, Box # : **Highway 36, P.O. Box 338** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Troy, Kansas 66087** Application Number:

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


4 DEPTH OF COMPLETED WELL **25.0** ft. ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1 **11.0** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL **15.88** ft. below land surface measured on mo/day/yr **08/05/04**  
 Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield **NA** gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Bore Hole Diameter **8.5** in. to **25.0** 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) **10 Monitoring well**  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected? Yes \_\_\_\_\_ No **X**

5 TYPE OF BLANK CASING USED: 1 **2** Steel 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 **X**  
 Blank casing diameter **2.375** in. to **10.0** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **Flush Mount** in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. **Schedule 40**  
 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 **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 **3** Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)  
 SCREEN-PERFORATED INTERVALS: From **25.0** ft. to **10.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **25.0** ft. to **7.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement 2 **2** Cement grout 3 Bentonite 4 Other  
 Grout Intervals From **0.0** ft. to **2.0** ft. From **2.0** ft. to **7.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 **11** Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below)  
 Direction from well? **West** How many feet? **50**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.5		Gravel
0.5	4.0		Brown silty clay, laminated, very firm, moist, odor, discolored gray
4.0	17.0		Red brown silty clay, very firm, very moist-slightly moist, odor, some gray discoloration
17.0	25.0		Light gray-olive-tan silty clay, very firm, moist, odor

**Flush-mount well completion approved by Don Taylor, KDHE, BOW.**

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/yr) **07/23/04** and this record is true to the best of my knowledge and belief. Kansas  
 Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **08/05/04**  
 under the business name of **Quad State Services, Inc.** 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 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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