

1 LOCATION OF WATER WELL: Fraction SW 1/4 SW 1/4 SW 1/4 Section Number 13 Township Number T 6 S Range Number R 3 EW
 County: CLAY

Distance and direction from nearest town or city street address of well if located within city?

FROM PALMER: 7.5 MILES SOUTH ON HWY 15, 4 MILES EAST

2 WATER WELL OWNER: MRS SHERLEY PFIZENMAZER
 RR#, St. Address, Box # : 720 ARTHUR ST Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : CLAY CENTER, KS 67432 Application Number: _____

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

N	
--NW--	--NE--
--SW--	--SE--
S	

X

4 DEPTH OF COMPLETED WELL 50 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 40 ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL 15 ft. below land surface measured on mo/day/yr 1/30/06
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 30 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 WELL WATER TO BE USED AS:
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 Irrigation 4 Industrial 7 Domestic (lawn & garden) 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 X No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing diameter 5 in. to 30 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 24 in., weight _____ lbs./ft. Wall thickness or gauge No. SDR26
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 10 Asbestos-Cement
 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RMP (SR) 11 Other (Specify) _____
 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 30 ft. to 50 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 25 ft. to 50 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other _____
 Grout Intervals: From 3 ft. to 25 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 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) HOUSE
 13 Insecticide storage _____
 Direction from well? NORTH How many feet? 55

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	15	CLAY, BROWN RED			
15	17	SAND, MEDIUM DRY			
17	27	CLAY W/ SAND, TAN			
27	40	SHALE, GRAY			
40	41	LENS-SAND, GRAVEL, TAN			
41	50	SHALE, GRAY			

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) 1/30/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 760 This Water Well Record was completed on (mo/day/yr) 2/16/06 under the business name of ASSOCIATED DRILLING PNL. by (signature) _____

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, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.