

1 LOCATION OF WATER WELL
 County: Clay Fraction SW 1/4 SW 1/4 SE 1/4 Section Number 22 Township Number T 7 S Range Number R 2 E E/W
 Distance and direction from nearest town or city? 1 West - 3 North 1 1/4 West of Clay Center Street address of well if located within city?

2 WATER WELL OWNER: Earl Griffiths
 RR#, St. Address, Box #: 1019 15th St. Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Clay Center, Kansas 67432 Application Number:

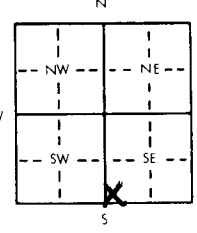
3 DEPTH OF COMPLETED WELL: 50 ft. Bore Hole Diameter: 8 in. to 50 ft. and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial
 5 Public water supply 6 Oil field water supply 7 Lawn and garden only
 8 Air conditioning 9 Dewatering 10 Observation well
 11 Injection well 12 Other (Specify below)

Well's static water level: 18 ft. below land surface measured on July month 23 day 1980 year
 Pump Test Data: Well water was 45 ft. after 1/2 hours pumping. 60 gpm
 Est. Yield 80 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)
 Blank casing dia 5 in. to 40 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 3 lbs./ft. Wall thickness of casing: .258
 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 10 Other (specify) 11 None (open hole)
 Screen-Perforation Dia: 5 in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals:
 From: 40 ft. to 50 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 Gravel Pack Intervals:
 From: 14 ft. to 50 ft. 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: 4 ft. to 14 ft. From _____ ft. to _____ 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 Abandoned water well 12 Fertilizer storage 13 Insecticide storage 14 Oil well/Gas well 15 Other (specify below)
 Direction from well: SW How many feet: 10 ? 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 July month 26 day 1980 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 361
 This Water Well Record was completed on July month 26 day 1980 year under the business name of Cox - Beswick Irrigation Service, Inc. by (signature) Francis Cox

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


FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	18	Top soil and sandy clay			
18	23	Sand			
23	54	Gravel			
54		Shale			

 ELEVATION:
 Depth(s) Groundwater Encountered 1. 18 ft. 2. 23 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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 E/W
 SEC.
 SW 1/4
 SE 1/4