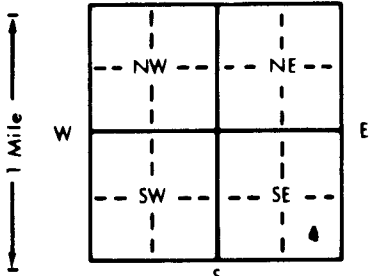


1 LOCATION OF WATER WELL: County: CLAY Fraction: SE 1/4 SE 1/4 SE 1/4 Section Number: 4 Township Number: T 8 S Range Number: R 3 E

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

2 WATER WELL OWNER: MARK SAUCHER
RR#, St. Address, Box #: 1303 320 ST. Board of Agriculture, Division of Water Resources
City, State, ZIP Code: Clay Center Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:
4 DEPTH OF COMPLETED WELL: 120 ft. ELEVATION: _____



Depth(s) Groundwater Encountered 1. 45 ft. 2. 95-102 ft. 3. _____ ft.
WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield 250 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
Bore Hole Diameter: 8 in. to 120 ft., and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden only 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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 7 Fiberglass _____ Threaded _____
Blank casing diameter: 5 in. to 100 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface: 12-18 in., weight 3 lbs./ft. Wall thickness or gauge No. 258

TYPE OF SCREEN OR PERFORATION MATERIAL: 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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 100 ft. to 120 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 20 ft. to 120 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
Grout Intervals: From 0 ft. to 20 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) n/a
13 Insecticide storage _____
Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	topsoil			
3	28	clay (gray)			
28	45	clay (calico)			
45	48	linerock			
48	78	clay w/ rock layers			
78	98	clay (black)			
98	120	linerock			

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) 10-17-95 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 (mo/day/year) 12-5-95 under the business name of Cox-Beswick IRR SERV. by (signature) Janie Beswick

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T
R
EW
SEC.