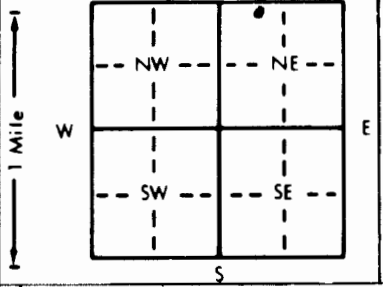


1 LOCATION OF WATER WELL: Fraction NE 1/4 NW 1/4 NE 1/4 Section Number 6 Township Number T 8-9 S Range Number R 3-4 E/W
 County: Clay

Distance and direction from nearest town or city street address of well if located within city?
4 3/4 mi SE Clay Center

2 WATER WELL OWNER: Delbert Lee
 RR#, St. Address, Box # : _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Lawrence Kansas Application Number: _____

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



4 DEPTH OF COMPLETED WELL: 160' ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 134' ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 80' ft. below land surface measured on mo/day/yr
 Pump test data: Well water was _____ ft. after _____ hours pumping 10 gpm
 Est. Yield 130 gpm Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 8" in. to 160' ft. and _____ in. to _____ ft.

- WELL WATER TO BE USED AS:
- | | | |
|-----------------------|--------------------|--------------------------|
| 5 Public water supply | 8 Air conditioning | 11 Injection well |
| <u>1 Domestic</u> | 3 Feedlot | 6 Oil field water supply |
| 2 Irrigation | 4 Industrial | 7 Lawn and garden only |
| | 10 Monitoring well | 12 Other (Specify below) |

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; 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 <u>X</u> Clamped _____
<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter 5" in. to 150' ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12" in., weight 25 lbs./ft. Wall thickness or gauge No. 251

TYPE OF SCREEN OR PERFORATION MATERIAL:

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:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	<u>6 Saw cut</u>	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 150' ft. to 160' ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 160' 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) <u>N/A</u> |
| | | | 13 Insecticide storage | |

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	topsoil			
3	51	Clay (gray)			
51	110	Calico Clay			
110	134	Clay + rock			
134	139	Void			
139	160	limestone			
160		stopped			

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) 6-9-93 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/yr) 6-21-93 under the business name of COX-BESWICK TRNG. SERVICE by (signature) Gene 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
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