

1 LOCATION OF WATER WELL	Fraction <u>NE</u> SW 1/4 NE 1/4 SW 1/4	Section Number 32	Township Number T 11 S	Range Number R 24 E2W
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County: Trego Distance and direction from nearest town or city? _____ Street address of well if located within city?
Voda, Kansas (No streets)

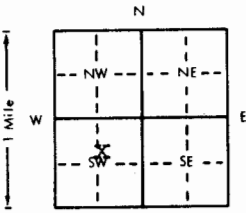
2 WATER WELL OWNER: Rex Shearer
RR#, St. Address, Box #: RFD Board of Agriculture, Division of Water Resources
City, State, ZIP Code: Collyer, Kansas 67631 Application Number: _____

3 DEPTH OF COMPLETED WELL: 125 ft. Bore Hole Diameter: 9 in. to _____ ft. and _____ in. to _____ ft.
Well Water to be used as: 1 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
Well's static water level: 97 ft. below land surface measured on: July month 9 day 1981 year
Pump Test Data: Well water was 107 ft. after 1 hours pumping 20 gpm
Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED: 2 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped _____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 7 Fiberglass _____ Threaded _____
Blank casing dia: 5 in. to 105 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface: 24 in., weight 200 lbs./ft. Wall thickness or gauge No. 21
TYPE OF SCREEN OR PERFORATION MATERIAL: 7 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: 8 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-Perforation Dia: 5 in. to 125 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Screen-Perforated Intervals: From 105 ft. to 125 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
Gravel Pack Intervals: From 95 ft. to 125 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
Grouted Intervals: From 0 ft. to 10 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
What is the nearest source of possible contamination: NONE 10 Fuel storage 14 Abandoned water well
1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well
2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below)
3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines
Direction from well: _____ How many feet: _____ ? 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 9 day 1981 year
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 199
This Water Well Record was completed on July month 15 day 1981 year under the business name of Karst Water Well Service by (signature) MB Karst

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	3	Topsoil			
	3	25	Brown clay shale			
	25	35	Fine sand			
	35	80	Yellow clay and sand			
	80	100	Red clay and sand			
	100	122	Sand			
	122	125	Blue shale			

Depth(s) Groundwater Encountered 1 100 ft. 2 _____ 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 T 11 R 24 SEC. 32 S 14 N 14 W