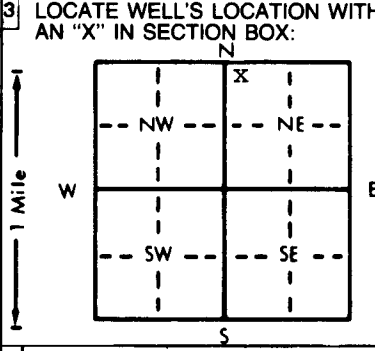


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Wallace	NW 1/4 NW 1/4 NE 1/4	5	T 13 S	R 39 EW

Distance and direction from nearest town or city street address of well if located within city?  
 Approximately 4 miles north and 4 miles east of Sharon Springs

2 WATER WELL OWNER: Kansas Geological Survey  
 RR#, St. Address, Box #: 1930 Constant Ave. Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Lawrence, KS 66045 Application Number:



4 DEPTH OF COMPLETED WELL: 1506 ft. ELEVATION: unknown

Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.

WELL'S STATIC WATER LEVEL: 805 ft. below land surface measured on mo/day/yr 8-13-96

Pump test data: Well water was not ch'd . . . . . ft. after . . . . . hours pumping . . . . . gpm

Est. Yield unknown gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

Bore Hole Diameter 17 1/2" to 21' . . . . . 12 1/2" to 420' . . . . . ft., and 7 7/8" to 1510' . . . . . in. to . . . . . ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		9 Dewatering
		10 Monitoring well
		12 Other (Specify below)
		Observation well

Was a chemical/bacteriological sample submitted to Department? Yes. . . . . No.  . . . . .; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes . . . . . No  . . . . .

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued . . . . . Clamped . . . . .
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded <input checked="" type="checkbox"/> . . . . .
		7 Fiberglass		Threaded. . . . .

Blank casing diameter 13 3/8 in. to 21 . . . . . ft., Dia 8 5/8 in. to 420 . . . . . ft., Dia 5 1/2 in. to 1506 . . . . . ft.

Casing height above land surface 5 1/2 - 24" 13 3/8 - 18" 8 5/8 - 18" . . . . . in., weight 13 3/8 - 48.00 5 1/2 - 13.70 lbs./ft. Wall thickness or gauge No. 13 3/8 - .344 8 5/8 - .322 5 1/2 - .244

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	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	12 Other (specify)

SCREEN-PERFORATED INTERVALS: From 1386 . . . . . ft. to 1402 . . . . . ft., From . . . . . ft. to . . . . . ft.

GRAVEL PACK INTERVALS: 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 21 . . . . . ft., From 0 . . . . . ft. to 420 . . . . . ft., From 0 . . . . . ft. to 1506 . . . . . 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)
			13 Insecticide storage	None known

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PERFORATION INTERVALS
0	3	Topsoil	1114	1292	Shale, gray, soft
3	7	Clay, brown	1292	1372	Shale, gray, hard
7	17	Sand and gravel, medium	1372	1392	Sandstone
17	240	Shale, black	1392	1400	Shale, gray, hard
240	250	Shale, rock, black	1400	1430	Sandstone, hard
250	285	Shale, gray, hard	1430	1443	Shale, gray with some sandstone, hard
285	400	Shale, gray			
400	430	Shale, gray, rock, hard	1443	1510	Shale, black, hard
430	470	Shale, soft, silty, gray			
470	510	Shale, gray, hard			
510	609	Shale, gray, soft			
609	710	Shale, gray, hard			
710	756	Shale, sandy, soft			
756	994	Shale, gray, hard			
994	1114	Shale, black, hard			

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) 8-6-96 . . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 . . . . . This Water Well Record was completed on (mo/day/yr) 8-16-96 . . . . . under the business name of Clarke Well & Equipment, Inc. by (signature) *Clarke W. Clarke*

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.