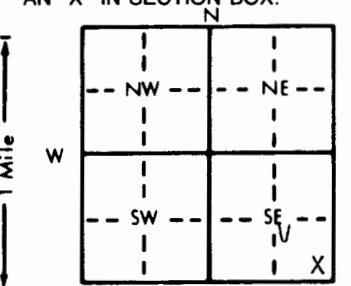


1 LOCATION OF WATER WELL: County: BARTON	Fraction SE 1/4 SE 1/4 SE 1/4	Section Number 21	Township Number T 17 S	Range Number R 11 E/W
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Distance and direction from nearest town or city street address of well if located within city?
1 1/2 N. OF CLAFLIN, KS.

2 WATER WELL OWNER: **HOWARD SOEKEN**
 RR#, St. Address, Box # : **BOX 372** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **CLAFLIN, KS. 67525** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: 84 ft. ELEVATION: Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL 39 ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter . . . 9 . . . in. to . . . _____ ft., and . . . _____ in. to . . . _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well X 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 X _____; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes X No
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5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued X Clamped _____
X PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter . **5** . . . in. to . . . **7.4** . . . ft., Dia . . . _____ in. to . . . _____ ft., Dia . . . _____ in. to . . . _____ ft.
 Casing height above land surface . . . **12** . . . in., weight . . . _____ lbs./ft. Wall thickness or gauge No. . . . _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	X 7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	X Mill slot	5 Gauzed wrapped	8 Saw cut	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 . . . **7.4** . . . ft. to . . . **8.4** . . . ft., From . . . _____ ft. to . . . _____ ft.
 From . . . _____ ft. to . . . _____ ft., From . . . _____ ft. to . . . _____ ft.

GRAVEL PACK INTERVALS: From . . . **2.3** . . . ft. to . . . **8.4** . . . ft., From . . . _____ ft. to . . . _____ ft.
 From . . . _____ ft. to . . . _____ ft., From . . . _____ ft. to . . . _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout X Bentonite 4 Other _____

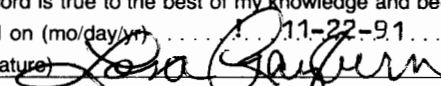
Grout Intervals: From . . . **3** . . . ft. to . . . **23** . . . ft., From . . . _____ ft. to . . . _____ ft., From . . . _____ ft. to . . . _____ ft.

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)
			13 Insecticide storage	NONE

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	TOP SOIL			
3	75	CLAY			
75	84	SAND & GRAVEL			

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) . . . **7-30-94** . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . **462-B** . . . This Water Well Record was completed on (mo/day/yr) . . . **11-22-91** . . . under the business name of **SAM'S WATER WELL SERVICE** by (signature) 

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
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