

**1 LOCATION OF WATER WELL**  
 County: Barton Fraction NW 1/4 NW 1/4 NW 1/4 Section Number 34 Township Number T 17 S Range Number R 13 EW  
 Distance and direction from nearest town or city? 1 E 3/4 N of Hosington Street address of well if located within city?

**2 WATER WELL OWNER:** Dan Slous  
 RR#, St. Address, Box #: 359 West 2nd St. Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Hosington, Ks. 67544 Application Number:

**3 DEPTH OF COMPLETED WELL:** 136 ft. Bore Hole Diameter: 11 in. to 134 ft., and ..... in. to ..... ft.  
 Well Water to be used as:  
 Domestic 3 Feedlot 5 Public water supply 6 Oil field water supply 8 Air conditioning 9 Dewatering 11 Injection well 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well  
 Well's static water level: 101 ft. below land surface measured on 9 month 5 day 80 year  
 Pump Test Data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield NA gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

**4 TYPE OF BLANK CASING USED:**  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued  Clamped .....  
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 7 Fiberglass Threaded .....  
 Blank casing dia: 5 in. to 123 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface: 12 in., weight ..... lbs./ft. Wall thickness or gauge No: 258  
**TYPE OF SCREEN OR PERFORATION MATERIAL:**  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  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 136 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Screen-Perforated Intervals: From 123 ft. to 136 ft., From ..... ft. to ..... ft.  
 Gravel Pack Intervals: From 16 ft. to 136 ft., From ..... ft. to ..... ft.

**5 GROUT MATERIAL:**  Neat cement 2 Cement grout 3 Bentonite 4 Other  
 Grouted Intervals: From 0 ft. to 16 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) Cemetery  
 Direction from well: E How many feet: 400 ? Water Well Disinfected? Yes  No   
 Was a chemical/bacteriological sample submitted to Department? Yes  No  If yes, date sample was submitted: 9 month 5 day 80 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  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 9 month 5 day 80 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134  
 This Water Well Record was completed on 9 month 30 day 80 year under the business name of Rosencrantz - Bemis by (signature) Lora Dodson

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Top soil	77	87	Shale
2	11	yellow, white clay & post rock	87	115	fine clay & shale
11	13	yellow & brown post rock	115	127	Sand rock
13	17	yellow & gray clay	127	128	Hard sand rock
17	34	shale	128	135	sand rock
34	38	sand rock	135	140	fine clay & shale
38	62	shale			
62	65	sand rock & shale			
65	77	sand rock			

ELEVATION: 65

Depth(s) Groundwater Encountered 1. 136 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  
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 17  
 R  
 13  
 SEC.  
 34  
 NW 1/4  
 NE 1/4  
 SW 1/4  
 SE 1/4