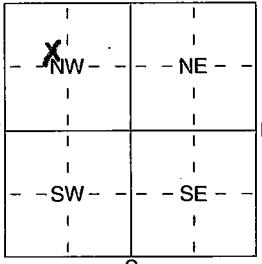


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>NESS</b>	<b>SE 1/4 NW4 NW4</b>	<b>21</b>	<b>T 17 S</b>	<b>R 22</b> <input checked="" type="checkbox"/> W

Distance and direction from nearest town or city street address of well if located within city?

**5 MILES SOUTH AND 1 WEST OF BROWNELL, KS**

2 WATER WELL OWNER:	<b>TONY PAVLV PAVLU</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # :	<b>RT BOX 63</b>	Application Number:
City, State, ZIP Code :	<b>BROWNELL, KS 67521</b>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL ..... <b>40</b> ... ft. ELEVATION: .....
	Depth(s) Groundwater Encountered 1 ..... <b>30</b> ..... ft. 2 ..... ft. 3 ..... ft. WELL'S STATIC WATER LEVEL ... <del>22.80</del> ..... ft. below land surface measured on mo/day/yr ..... <b>1.0-1.5-0.3</b> ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield ..... <b>20</b> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well <input checked="" type="checkbox"/> Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes ..... No ..... <input checked="" type="checkbox"/> ; If yes, mo/day/yrs sample was submitted Water Well Disinfected? Yes ..... No <input checked="" type="checkbox"/>

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> ... Clamped .....
1 Steel	3 RMP (SR)	9 Other (specify below)	Welded .....
<del>2</del> PVC	4 ABS		Threaded .....
Blank casing diameter ..... <b>5</b> ..... in. to ..... <b>20</b> ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.			
Casing height above land surface ..... <b>1.8</b> ..... in., weight ..... <b>1.60</b> ..... lbs./ft. Wall thickness or gauge No. ....			
TYPE OF SCREEN OR PERFORATION MATERIAL:	<input checked="" type="checkbox"/> PVC	10 Asbestos-Cement	
1 Steel	3 Stainless Steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized Steel	6 Concrete tile	9 ABS
			11 Other (Specify) .....
			12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	<input checked="" type="checkbox"/> Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) .....
SCREEN-PERFORATED INTERVALS: From ..... <b>20</b> ..... ft. to ..... <b>40</b> ..... ft., From ..... ft. to ..... ft.			
GRAVEL PACK INTERVALS: From ..... <b>20</b> ..... ft. to ..... <b>40</b> ..... ft., From ..... ft. to ..... ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> Bentonite	4 Other .....
Grout Intervals: From ..... <b>0</b> ..... ft. to ..... <b>20</b> ..... 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
	2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage
	3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
				13 Insecticide storage
Direction from well?				14 Abandoned water well
				15 Oil well/Gas well
				16 Other (specify below)
				How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	SURFACE CLAY			
10	20	HARD YELLOW CLAY			
20	30	SOFT GRAY CLAY			
30	35	CLAY & WHITE ROCK			
35	40	BLUE SHALE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... <b>1.0-1.5-0.3</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No ..... <b>444</b> ..... This Water Well Record was completed on (mo/day/yr) ..... <b>1.0-1.5-0.3</b> ..... under the business name of <b>ANDY ANDERSON DRILLING</b> by (signature) <i>Andy Anderson</i>
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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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.