

1 LOCATION OF WATER WELL
 County: Iane Fraction: NW 1/4 SW 1/4 SW 1/4 Section Number: 16 Township Number: T 17 S Range Number: R 30 E (W)

Distance and direction from nearest town or city? 2 Miles South Street address of well if located within city?
2 Miles, West of Healy, Kansas

2 WATER WELL OWNER: Clayton Magie
 RR#, St. Address, Box #: _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Healy, Kansas 67850 Application Number: _____

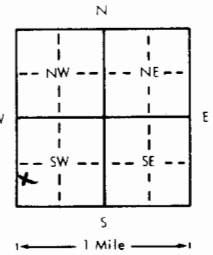
3 DEPTH OF COMPLETED WELL: 165 ft. Bore Hole Diameter: 9 in. to 165 ft. and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
Stockwell
 Well's static water level: 94 ft. below land surface measured on _____ 8 _____ month _____ day 1980 year
 Pump Test Data: NA Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ 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 _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing dia: 5 in. to 145 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in. weight: 1.8 lbs./ft. Wall thickness or gauge No. 250
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 6 12 None used (open hole) _____
 Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 5 Galvanized wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify) _____
 Screen-Perforation Dia: 5 in. to 165 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 145 ft. to 165 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 120 ft. to 165 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Drill Cuttings
 Grouted Intervals: From 15 ft. to 120 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) _____
 13 Watertight sewer lines
 Direction from well: Southwest How many feet: 150 ? 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: Cylinder Model No. _____ HP _____ Volts _____
 Depth of Pump Intake: 136 ft. Pumps Capacity rated at 4 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 _____ 8 _____ month _____ 7 _____ day _____ 1980 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 232
 This Water Well Record was completed on _____ 8 _____ month _____ 26 _____ day _____ 1980 year under the business name of Weishaar Drilling & supply Inc. by (signature) Rayl Houston

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



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	28	Clay	28	46	Gyp
46	53	Clay	53	60	Fine sand
60	72	Sand	72	79	Sand Rock
79	85	Fine Sand	85	98	Sand Rock
98	160	Fine Sand	160	163	Sand & gravel
163	165	Yellow Clay			

ELEVATION: _____

Depth(s) Groundwater Encountered 1. 94 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
17
R
30
SEC.
16
NW 1/4
SW 1/4
SW 1/4