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| 1. LOCATION OF WATER WELL County: Rush | Fraction SW 1/4 SW 1/4 SW 1/4 | Section Number 20 | Township Number T 18 S | Range Number R 17 W EW |
|--|----------------------------------|-----------------------------|----------------------------------|----------------------------------|

Distance and direction from nearest town or city? **3w Timken, Ks.**
Street address of well if located within city?

2. WATER WELL OWNER: **Marvin Krug**
RR#, St. Address, Box #: **520 Maple**
City, State, ZIP Code: **LaCrosse, Ks. 67548**
Board of Agriculture, Division of Water Resources
Application Number: **unknown**

3. DEPTH OF COMPLETED WELL: **78** ft. Bore Hole Diameter: **30** in. to **78** 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)
7 Lawn and garden only 10 Observation well
Well's static water level: **34** ft. below land surface measured on **6** month **19** day **80** year
Pump Test Data: Well water was ft. after hours pumping gpm
Est. Yield **600** 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: **16** in. to **58** in. to ft. Dia in. to ft. Dia in. to ft.
Casing height above land surface: **18** in., weight **30** lbs./ft. Wall thickness or gauge No **3/16**
TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 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 7 Torch cut 9 Drilled holes 10 Other (specify)
Screen-Perforation Dia: **16** in. to ft. Dia in. to ft. Dia in. to ft.
Screen-Perforated Intervals: From **58** ft. to **78** ft. From ft. to ft. From ft. to ft.
Gravel Pack Intervals: From **10** ft. to **78** ft. From ft. to ft. From ft. to ft.

5. GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grouted Intervals: From **0** ft. to **10** 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 11 Fertilizer storage 14 Abandoned water well
2 Sewer lines 5 Scoopage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well
3 Lateral lines 6 Pit privy 9 Livestock pens 16 Other (specify below) **Creek**
10 Watertight sewer lines
Direction from well: **S** How many feet: **50**? 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 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 (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **6** month **19** day **80** year
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **186**
This Water Well Record was completed on **6** month **22** day **80** year under the business name of **Kellys Waterwell Serv.** by (signature) **Kelly Price**

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

| | | | | | |
|-----------|-----------|----------------------|------|----|----------------|
| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
| 0 | 35 | Top Soil-Clay | | | |
| 35 | 78 | Sand-Gravel | | | |
| | | DR 78' ym | | | |

ELEVATION: **unknown**

Depth(s) Groundwater Encountered 1. **35** 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
T 18
R 17
SEC. 20
SW 1/4
SW 1/4
SW 1/4