

1 LOCATION OF WATER WELL
 County: Neosho Fraction DAA Section Number 35 Township Number T 18 S Range Number R 26 EW
NE 1/4 NE 1/4 SE 1/4

Distance and direction from nearest town or city? from Belle, Mo 2 1/4 east
 Street address of well if located within city? Belle

2 WATER WELL OWNER: Stauson Drilling
 RR#, St. Address, Box #: Box 1131 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Great Bend, Mo. 67530 Application Number: T 79-278

3 DEPTH OF COMPLETED WELL: 45 ft. Bore Hole Diameter: 2.9 in. to 4.5 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)
 10 Observation well
 Well's static water level: 2.2 ft. below land surface measured on _____ month _____ day _____ year
 Pump Test Data: NA Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

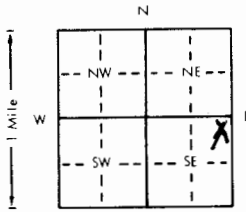
4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing dia: 16 in. to 2.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 1.2 in., weight _____ lbs./ft. Wall thickness or gauge No: 7

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 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 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____
 Screen-Perforation Dia: 1.0 in. to 4.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 2.5 ft. to 4.5 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 1.0 ft. to 4.5 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 1.0 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: West How many feet: 400 ? Water Well Disinfected? Yes H.T.H. 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 _____ month _____ day _____ 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 _____ month _____ day _____ year under the business name of Recreantz Bernis by (signature) Freddie Rodson

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



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Top soil			
2	22	Clay			
22	35	Sand + gravel			
35	43	Sand, gravel w/ clay mixed			
43	45	Shale			
		Block 43			2463
		22			43
		21' sat. level			2420

ELEVATION: _____ in Alluvium

Depth(s) Groundwater Encountered 1. 2.2 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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18
R
26
EW
SEC
35
NE 1/4
NE 1/4
SE 1/4