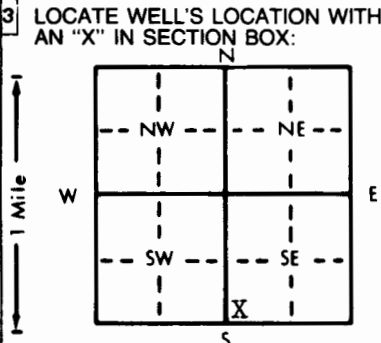


1 LOCATION OF WATER WELL: County: <b>Rice</b>	Fraction SW ¼ SW ¼ SE ¼	Section Number <b>14</b>	Township Number T <b>19</b> S	Range Number R <b>10W</b> E/W
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Distance and direction from nearest town or city street address of well if located within city?  
**2 N, 2 W of Chase, Kansas**

2 WATER WELL OWNER: <b>Dean Carter</b> RR#, St. Address, Box # : <b>Route 2</b> City, State, ZIP Code : <b>Geneso, Ks. 67444</b>	Board of Agriculture, Division of Water Resources Application Number:
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4 DEPTH OF COMPLETED WELL. <b>60</b> ft.	ELEVATION: <b>Unknown</b>
Depth(s) Groundwater Encountered <b>12</b> ft.	ft. 2. _____ ft. 3. _____ ft.
WELL'S STATIC WATER LEVEL <b>12</b> ft. below land surface measured on <b>mo/day/yr</b> <b>8/29/91</b>	
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm	
Est. Yield <b>60</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm	
Bore Hole Diameter <b>8</b> in. to <b>60</b> ft., and _____ in. to _____ ft.	
WELL WATER TO BE USED AS:	5 Public water supply    8 Air conditioning    11 Injection well 1 Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) 2 Irrigation    4 Industrial    7 Lawn and garden only    10 Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>No</b> ; If yes, mo/day/yr sample was submitted _____	Water Well Disinfected? Yes _____ No <b>No</b>

5 TYPE OF BLANK CASING USED:	3 Wrought iron	8 Concrete tile	CASING JOINTS: <b>Glued</b> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
2 <b>PVC</b>	4 ABS	7 Fiberglass	_____ Welded _____
Blank casing diameter <b>5</b> in. to <b>40</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			_____ Threaded _____
Casing height above land surface <b>12</b> in., weight <b>2.8</b> lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>			
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 <b>PVC</b>	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 <b>Saw cut</b>
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____
			11 None (open hole)
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 <b>Neat cement</b>	2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:			10 Livestock pens	14 Abandoned water well
1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	<b>In pasture</b>
Direction from well? _____			How many feet? _____	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	25	Clay			
25	60	Sand and Gravel			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **(1) constructed**, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **8/29/91** 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 (mo/day/yr) **9/30/91** under the business name of \_\_\_\_\_ by (signature) *Dean Carter*

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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.