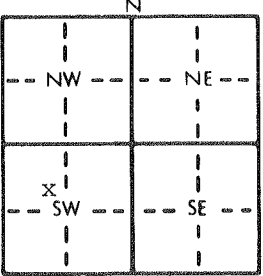


LOCATION OF WATER WELL: County: <u>Rush</u>	Fraction <u>SE 1/4 NW 1/4 SW 1/4</u>	Section Number <u>36</u>	Township Number <u>T 19 S</u>	Range Number <u>R 16 E 1/W</u>
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Distance and direction from nearest town or city street address of well if located within city?

Great Bend 12w

WATER WELL OWNER: Robert Hemken
 RR#, St. Address, Box #: RR 1
 City, State, ZIP Code: Albert, Ks. 67511
 Board of Agriculture, Division of Water Resources
 Application Number: _____

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <u>104</u> ft. ELEVATION: <u>Unknown</u>
	Depth(s) Groundwater Encountered <u>1 30</u> ft. 2. _____ ft. 3. <u>9/16/89</u> ft. WELL'S STATIC WATER LEVEL <u>30</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>.80</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>.8</u> in. to <u>1.04</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 <u>Domestic</u> 3 <u>Feedlot</u> 6 <u>Oil field water supply</u> 9 <u>Dewatering</u> 12 <u>Other (Specify below)</u> 2 <u>Irrigation</u> 4 <u>Industrial</u> 7 <u>Lawn and garden only</u> 10 <u>Monitoring well</u> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <u>X</u> No _____

TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter 2 S in. to 56 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., weight 2.8 lbs./ft. Wall thickness or gauge No. Sch. 40

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) _____
 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 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 56 ft. to 104 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 104 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout intervals: From 0 ft. to 20 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 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 13 Insecticide storage
 Direction from well? South How many feet? 575

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	50	Top soil & clay			
50	104	Sand rock			

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) 9/16/89 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) 10/16/89 under the business name of Kelly's Water Well by (signature) Deon Bond

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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.