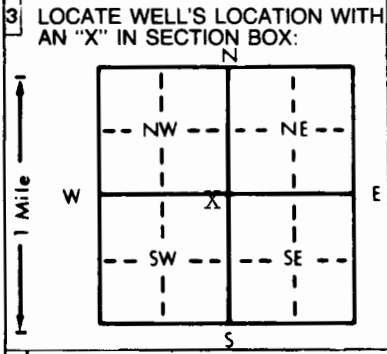


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Rice	NE 1/4 SE 1/4 SW 1/4	34	T 19 S	R 8 E/W

Distance and direction from nearest town or city street address of well if located within city?
 Lyons, Ks.- 1 mile east of Grand on main St. 3/4mile North 1/8mile West

2 WATER WELL OWNER: Dept. of Health & Environment
 RR#, St. Address, Box # : Old salt Mines
 City, State, ZIP Code : Topeka, Ks. 66620-0001

Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL.....50..... ft. ELEVATION:

Depth(s) Groundwater Encountered 1..... ft. 2..... ft. 3..... ft.

WELL'S STATIC WATER LEVEL31..... ft. below land surface measured on mo/day/yr ..11-13-92.....

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield gpm: Well water was ft. after hours pumping gpm

Bore Hole Diameter.....5 1/2..... in. to 50..... 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.....X.....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued.....Clamped.....	
<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded.....	
		7 Fiberglass		Threaded..... <u>X</u>	

Blank casing diameter2..... in. to40..... ft., Dia..... in. to ft., Dia..... in. to ft.

Casing height above land surface.....24..... in., weight..... lbs./ft. Wall thickness or gauge No.154.....

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	<u>7 PVC</u>	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify).....
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	<u>8 Saw cut</u>	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.....40..... ft. to50..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From.....50..... ft. to23..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Hole Plug

Grout Intervals: From..... ft. to..... 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)

Direction from well? How many feet? Unknown spots from old salt mine

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Top Soil & fill			
4	7	Gray clay			
7	18	Brown clay & stringers of cletche			
18	46	Brown clay & stringers of cletche			
46	49	sand rock-clay & broken rock fine sand			
49	50	fine clay			

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) ..11-13-92..... 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 (mo/day/yr)12-10-92..... under the business name of Rosencrantz-Bemis by (signature) Greg Dodson

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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.