

1 LOCATION OF WATER WELL
 County: Rice Fraction: NW 1/4 SE 1/4 SE 1/4 Section Number: 34 Township Number: T 19 S Range Number: R 8 E
 Distance and direction from nearest town or city? _____ Street address of well if located within city? In City of Lyons
312 N. Euclid, Lyons // on vacant lot.

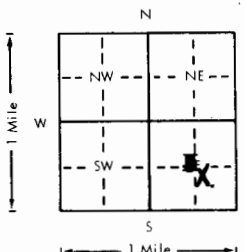
2 WATER WELL OWNER: Lawrence Warlick
 RR#, St. Address, Box # : 4825 Briercrest Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Lakewood, CA 90713 Application Number: Not Required

3 DEPTH OF COMPLETED WELL 78 ft. Bore Hole Diameter 9 in. to 78 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 12 Other (Specify below)
 Well's static water level 38 ft. below land surface measured on _____ month 25 day 1980 year
 Pump Test Data : Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield Not Checked 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 XX Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing dia 5 in. to 43 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., weight 1.5 lbs./ft. Wall thickness or gauge No. 200
 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-A 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes -B
 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia A-5 in. to 73 ft., Dia B-5 in. to 78 ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From A-43 ft. to 73 ft., From _____ ft. to _____ ft.
 From B-73 ft. to 78 ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 33 ft. to 78 ft., From _____ ft. to _____ ft.
Annular Fill From 10 ft. to 27 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 27 ft. to 33 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) Alfalfa field
 Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes XX No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No XX
 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 25 day 1980 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185
 This Water Well Record was completed on _____ month 17 day 1980 year under the business name of CLARKE WELL & EQ., INC. by (signature) _____

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

 ELEVATION: Unknown

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	10 5	Topsoil			
5	30	Brown clay			
30	73	Sandy brown clay			
73	78	Dakota clay w/soft sandstone			

OFFICE USE ONLY
T
R
SEC.
34
1/4
1/4
1/4

Depth(s) Groundwater Encountered 1. 38 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.