

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Rice</u>	<u>NW ¼ NW ¼ NW ¼</u>	<u>9</u>	<u>T 20 S</u>	<u>R 10 E/W</u>

Distance and direction from nearest town or city street address of well if located within city?  
1 West, 3½ North of Raymond

2 WATER WELL OWNER: Tom Snell  
 RR#, St. Address, Box # : 509 W. 6th  
 City, State, ZIP Code : Ellinwood, Ks. 67526  
 Board of Agriculture, Division of Water Resources  
 Application Number: 43,812

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL ..... <u>125</u> ..... ft. ELEVATION: .....
--	---

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

WELL'S STATIC WATER LEVEL ..... 14 ..... ft. below land surface measured on mo/day/yr ..... 8-3-04 ..... ft.

Pump test data: Well water was ..... 82 ..... ft. after ..... 3 ..... hours pumping ..... 140 ..... gpm

Est. Yield ..... 140 ..... gpm: Well water was ..... 91 ..... ft. after ..... 4 ..... hours pumping ..... 165 ..... gpm

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 Domestic (lawn & garden) 10 Monitoring well .....

Was a chemical/bacteriological sample submitted to Department? Yes ..... No XX .....; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes HTH No

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter ..... 12 ..... in. to ..... 4.5 ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface ..... 24 ..... in., weight ..... SDR 26 ..... lbs./ft. Wall thickness or gauge No. ....

TYPE OF SCREEN OR PERFORATION MATERIAL:

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

SCREEN OR PERFORATION OPENINGS ARE:

1 <u>Continuous slot</u>	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 <u>Louvered shutter</u>	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) .....	ft.

SCREEN-PERFORATED INTERVALS: From ..... 125 ..... ft. to ..... 4.5 ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... 125 ..... ft. to ..... 20 ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other hole plug

Grout Intervals: From ..... 20 ..... ft. to ..... 0 ..... 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	<u>None</u>

Direction from well? ..... How many feet? .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Sandy top soil			
2	4	Sandy gray clay			
4	14½	Fine sandy clay streaks			
14½	27	Sandy tan & gray clay			
27	59	Fine sand			
59	64	Tan clay			
64	67	Fine sand			
67	73	Tan & gray clay			
73	87	Sandy, rusty, tan clay/ caliche			
87	103	Sandy tan & white clay with streaks of sandstone			
103	115	Soft dark brown sandstone, streaks of ironated sandstone			
115	117	Gray shale			
117	122½	Sandstone, soft dark brown streaks of ironated sandstone			
122½	125	Dark blue gray shale			

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) ..... 8-31-04 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No ..... 134 ..... This Water Well Record was completed on (mo/day/yr) ..... 9-3-04 ..... under the business name of Rosencrantz- Bemis by (signature) Jona Albe

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.