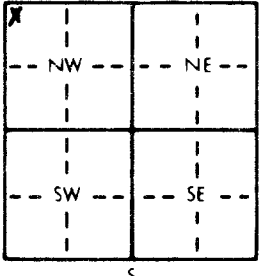


1 LOCATION OF WATER WELL: County: **NESS** Fraction: **NW 1/4 NW 1/4 NW 1/4** Section Number: **11** Township Number: **T 20 S** Range Number: **R 22 EW**

Distance and direction from nearest town or city street address of well if located within city?
8S & 11E of Ness City

2 WATER WELL OWNER: **Edward Schwien**
 RR#, St. Address, Box #: **HCR 2, Box 14**
 City, State, ZIP Code: **Bazine, Ks. 67516**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: **309** ft. ELEVATION: **2500**

Depth(s) Groundwater Encountered: 1. **114** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **80** ft. below land surface measured on mo/day/yr **052794**
 Pump test data: Well water was **150** ft. after **1** hours pumping **5** gpm
 Est. Yield **15** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **9** in. to **309** 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 **X** Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____

Blank casing diameter: **5** in. to **229** ft. Dia. **5** in. to **269** ft. Dia. _____ in. to _____ ft.
 Casing height above land surface: **18** in., weight _____ lbs./ft. Wall thickness or gauge No. **SDR21**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 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 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 **229** ft. to **249** ft. From **269** ft. to **309** ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 From **25** ft. to **309** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout intervals: From **5** ft. to **25** 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? **E** How many feet? **75**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Top Soil	300	311	Red bed
5	22	Sticky Clay			
22	147	Shale			
147	164	Shale & 8' Sandstone			
164	196	Shale & 13' Sandstone			
196	204	Shale & 20% Sandstone			
204	213	Shale			
213	220	Shale & 50% Sandstone			
220	225	Shale			
225	229	Sandstone			
229	262	Sandstone & Little Shale			
262	270	Shale			
270	278	Sandstone			
278	295	Sandstone & Little Shale			
295	300	Sandstone			

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) **052794** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **473**. This Water Well Record was completed on (mo/day/yr) **053194** under the business name of **Tyler Water Well Service** by (signature) *Paul G. ...*

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.

OFFICE USE ONLY T R EW SEC.

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