

1 LOCATION OF WATER WELL  
 County: Rice Fraction NE 1/4 NE 1/4 SW 1/4 Section Number 29 Township Number T 20 S Range Number R 7  
 Distance and direction from nearest town or city? 1/4 E of Adman Street address of well if located within city?

2 WATER WELL OWNER: Farmers Co-op Union  
 RR#, St. Address, Box #: 321 N. Grand  
 City, State, ZIP Code: Lyons, Ks. 67554  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 DEPTH OF COMPLETED WELL: 30.60 ft. Bore Hole Diameter: 11 in. to 30.60 ft., and ..... in. to ..... ft.  
 Well Water to be used as:  
 Domestic  Feedlot  Oil field water supply  Air conditioning  Injection well  
 Irrigation  Industrial  Lawn and garden only  Dewatering  Other (Specify below)  
 Observation well  
 Well's static water level: 15 ft. below land surface measured on 4 month 6 day 81 year  
 Pump Test Data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield NA gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

4 TYPE OF BLANK CASING USED:  
 Steel  RMP (SR)  Asbestos-Cement  Concrete tile  Other (specify below)  
 PVC  ABS  Fiberglass  
 Blank casing dia: 5 in. to 45 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface: 18 in., weight ..... lbs./ft. Wall thickness or gauge No. 258  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 Steel  Stainless steel  Fiberglass  RMP (SR)  Other (specify) .....  
 Brass  Galvanized steel  Concrete tile  ABS  None used (open hole)  
 Screen or Perforation Openings Are:  
 Continuous slot  Mill slot  Wire wrapped  Saw cut  None (open hole)  
 Louvered shutter  Key punched  Torch cut  Other (specify) .....  
 Screen-Perforation Dia: 5 in. to 60 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Screen-Perforated Intervals: From 45 ft. to 60 ft., From ..... ft. to ..... ft.  
 Gravel Pack Intervals: From 10 ft. to 64 ft., From ..... ft. to ..... ft.

5 GROUT MATERIAL:  Neat cement  Cement grout  Bentonite  Other  
 Grouted Intervals: From 0 ft. to 10 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination:  
 Septic tank  Cess pool  Sewage lagoon  Fuel storage  Abandoned water well  
 Sewer lines  Seepage pit  Feed yard  Fertilizer storage  Oil well/Gas well  
 Lateral lines  Pit privy  Livestock pens  Insecticide storage  Other (specify below)  
 Watertight sewer lines  
 Direction from well: South east How many feet: 500? Water Well Disinfected? Yes HTH No  
 Was a chemical/bacteriological sample submitted to Department? Yes ..... No  If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes ..... No   
 If Yes: Pump Manufacturer's name ..... Model No. .... HP ..... Volts .....  
 Depth of Pump Intake ..... ft. Pumps Capacity rated at ..... gal./min.  
 Type of pump:  Submersible  Turbine  Jet  Centrifugal  Reciprocating  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 4 month 6 day 81 year  
 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 4 month 30 day 81 year under the business name of Rosencrantz-Bemis Ent. by (signature) Ara Dodson

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	2	Top soil			
	2	7	Dark gray clay			
	7	16	Brown clay			
	16	19	Light gray clay			
	19	64	Sand and gravel			
	64		Clay			

ELEVATION:  
 Depth(s) Groundwater Encountered 1.15 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.