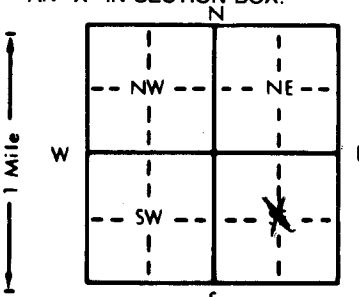


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Pawnee		CW: 1/4 SW 1/4 SE 1/4	5	T 22 S	R 19 NEW
Distance and direction from nearest town or city street address of well if located within city?					
2 south 1 west of Rozel, Ks.					
2 WATER WELL OWNER:		Marion Froetschner			
RR#, St. Address, Box # :		Rt. 1-Box 23			
City, State, ZIP Code :		Garfield, Ks. 67529			
		Board of Agriculture, Division of Water Resources			
		Application Number: 20669			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 173 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.			
		WELL'S STATIC WATER LEVEL . 53.53 . ft. below land surface measured on mo/day/yr . 11-8-93.			
		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 . . . . . in. to . . . . . 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 . . . . . If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes . . . . . No			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued . . . . . Clamped . . . . .			
1 Steel 3 RMP (SR)		Welded . . . . .			
2 PVC 4 ABS		Threaded . . . . .			
Blank casing diameter . . . . . 1.6 . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.					
Casing height above land surface . . . . . 48 . . . . . in., weight . . . . . lbs./ft. Wall thickness or gauge No. . . . .					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) . . . . . NA					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 8 Saw cut 11 None (open hole)			
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes					
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) . . . . . NA					
SCREEN-PERFORATED INTERVALS: From . . . . . NA . . . . . ft. to . . . . . NA . . . . . ft., From . . . . . ft. to . . . . . ft.					
From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.					
GRAVEL PACK INTERVALS: From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.					
From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals: From . . . . . 53 . . . . . ft. to . . . . . 4 . . . . . ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.					
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well			
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) . . . . . none					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage					
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
173	135	Sand and gravel			
135	133	Hole plug			
133	53	Sand and gravel			
53	4	Cement			
cut old casing off 3' below ground level backfilled.					This was an old irrigation well casing has hole in it, well had filled up from 193 to 178'
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) . . . . . 11-8-93 . . . . . 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) . . . . . 11-9-93 . . . . . under the business name of Rosencrantz-Bemis by (signature) Fredia Rodson					
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.					