

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Pawnee		NW ¼ NW ¼ NW ¼	20	T 23 S	R 16 E/W
Distance and direction from nearest town or city street address of well if located within city? Approximately 1 mile south and 1½ miles west of Zook					
2 WATER WELL OWNER:	Mark Greene RR#, St. Address, Box # : Rural Route - Box 83AA City, State, ZIP Code : Garfield, KS 67529				
					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. 57 ft. ELEVATION: unknown				
	Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL 29 ft. below land surface measured on mo/day/yr 1-26-00 Pump test data: Well water was not ch'd ft. after hours pumping gpm Est. Yield unknown gpm: Well water was ft. after hours pumping gpm Bore Hole Diameter . . . 9 . . . in. to . . . 58 . . . 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 Stock 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:				
	Blank casing diameter . . . 5 . . . in. to . . . 40 . . . ft., Dia . . . 5 . . . in. to . . . 55.5 . . . ft., Dia in. to ft. Casing height above land surface . . . 18 . . . in., weight . . . 2.36 . . . lbs./ft. Wall thickness or gauge No. . . . 214				
TYPE OF SCREEN OR PERFORATION MATERIAL:					
SCREEN OR PERFORATION OPENINGS ARE:					
SCREEN-PERFORATED INTERVALS:					
GRAVEL PACK INTERVALS:					
6 GROUT MATERIAL:					
Grout Intervals: From ft. to ft., From ft. to ft., From . . . 0 . . . ft. to . . . 22 . . . ft.					
What is the nearest source of possible contamination:					
Direction from well?					
LITHOLOGIC LOG					
PLUGGING INTERVALS					
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) 1-26-00 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 (mo/day/yr) 1-27-00 under the business name of Clarke Well & Equipment, Inc. by signature [Signature]					
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.					