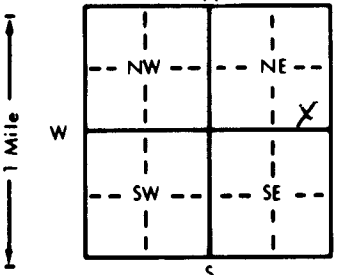


1 LOCATION OF WATER WELL: County: Edwards Fraction: SW 1/4 SE 1/4 NE 1/4 Section Number: 7 Township Number: T 23 S Range Number: R 20 E/W

Distance and direction from nearest town or city street address of well if located within city?
1 1/2 miles North of Offerle

2 WATER WELL OWNER: Richard Froetschner
 RR#, St. Address, Box #: Rt 2 Box 106
 City, State, ZIP Code: Hinsley Kansas 67547
 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: 195 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 175 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 141 ft. below land surface measured on mo/day/yr 6-27-2000
 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: 8 3/4 in. to 195 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 LIVESTOCK
 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 175 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface 24 in., weight _____ lbs./ft. Wall thickness or gauge No. SOR-21
SOR-20
 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 175 ft. to 195 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 80 ft., From _____ ft. to _____ ft.
 From 90 ft. to 195 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 20 ft., From 80 ft. to 90 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)
POND
 Direction from well? SW How many feet? 2000

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	38	Tan clay & GIP			
38	110	Black shale			
110	175	Gray shale			
175	185	Sandstone			
185	195	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) 6-27-2000 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 653 This Water Well Record was completed on (mo/day/yr) 6-27-2000 under the business name of Don Hayse Water Well Service by (signature) Don Hayse

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 1/4 1/4 1/4