

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Edwards	SW 1/4 SE 1/4 NE 1/4	20	T 24 S	R 16 EW

Distance and direction from nearest town or city street address of well if located within city?  
 Approximately 50' southwest of the water tower - within the city limits of Belpre

2 WATER WELL OWNER:	City of Belpre	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # :	P.O. Box 116	Application Number: Not Available
City, State, ZIP Code :	Belpre, KS 67519	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 57 ft. ELEVATION:										
	Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.										
	WELL'S STATIC WATER LEVEL 47 ft. below land surface measured on mo/day/yr										
	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 USED AS:										
1 Domestic	2 Irrigation	3 Feedlot	4 Industrial	5 Public water supply	6 Oil field water supply	7 Lawn and garden only	8 Air conditioning	9 Dewatering	10 Monitoring well	11 Injection well	12 Other (Specify below)
Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No <input checked="" type="checkbox"/> . . . . . If yes, mo/day/yr sample was submitted											
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No											

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued . . . . . Clamped . . . . .
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) . . . . . Welded . . . . .
2 PVC	4 ABS	7 Fiberglass	Concrete & Brick . . . . . Threaded . . . . .
Blank casing diameter . . . . . 12' . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.	Casing height above land surface . . . . . 0' below . . . . . in., weight . . . . . lbs./ft. Wall thickness or gauge No. . . . .		
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
SCREEN OR PERFORATION OPENINGS ARE:			
1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes
7 Torch cut			
10 Other (specify) . . . . . 11 None (open hole)			
SCREEN-PERFORATED INTERVALS: From . . . . . 999 . . . . . ft. to . . . . . 999 . . . . . 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 . . . . . 2 . . . . . ft. to . . . . . 0 . . . . . 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)
Direction from well?				13 Insecticide storage
				None known

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			57	47	Chlorinated sand
			47	2	Puddled clay and sand with (10) sacks cement added
			2	0	Concrete Grout

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) . . . . . 8-4-95 . . . . . 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) . . . . . 8-10-95 . . . . . under the business name of Clarke Well & Equipment, Inc. . . . . by (signature) <i>Clarke Well &amp; Equipment, Inc.</i>
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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  
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SEC.  
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1/4  
1/4