

1 LOCATION OF WATER WELL: County: <u>Edwards</u>	Fraction <u>NW 1/4 SW 1/4 NW 1/4</u>	Section Number <u>12</u>	Township Number <u>T 24 S</u>	Range Number <u>R 16 E</u> (W)
Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 2 miles north and 3 miles east of Belpre</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>37.981492</u> Longitude: <u>-99.040199</u> Elevation: <u>Unknown</u> Datum: <u>NAD83</u> Data Collection Method: <u>WAAS GPS Unit</u>		
2 WATER WELL OWNER: <u>Frank L. Hart, Inc.</u> RR#, St. Address, Box # : <u>c/o David J. Youtsey, Sr.</u> City, State, ZIP Code : <u>1402 Austin Circle</u> <u>Salina, KS 67401</u>				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 60px; height: 60px;"> <tr><td>--NW--</td><td>--NE--</td></tr> <tr><td>X</td><td></td></tr> <tr><td>--SW--</td><td>--SE--</td></tr> </table> E S	--NW--	--NE--	X		--SW--	--SE--	4 DEPTH OF COMPLETED WELL <u>100</u> ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>28.30</u> ft. below land surface measured on <u>mo/day/yr</u> <u>11-18-08</u> Pump test data: Well water was <u>Not checked</u> ft. after _____ hours pumping _____ gpm Est. Yield <u>Unknown</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm 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 Domestic (lawn & garden) 10 Monitoring well 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 _____
--NW--	--NE--						
X							
--SW--	--SE--						

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) (2) PVC 4 ABS 7 Fiberglass	5 Wrought Iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below)	CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded
Blank casing diameter <u>16</u> in. to <u>73</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>24</u> in., weight <u>19.75</u> lbs./ft. Wall thickness or gauge No. <u>.616</u>	TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel (3) Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE: (1) Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) _____		
SCREEN-PERFORATED INTERVALS: From <u>73</u> ft. to <u>98</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>98</u> 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 <u>0</u> ft. to <u>2</u> ft., From <u>2</u> ft. to <u>20</u> 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 13 Insecticide Storage (16) Other (specify below) _____ 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well _____ 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well _____ None known
Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7	Topsoil, clay, brown	70	76	Gravel
7	23	Sand, soft, sandstone	76	78	Clay, yellow
23	33	Clay, brown, gray	78	85	Gravel
33	37	Sandstone, soft	85	86	Clay, yellow
37	44	Sand and gravel	86	90	Gravel
44	46	Clay, gray	90	92	Cemented gravel
46	53	Gravel, with clay streaks, yellow	92	98	Gravel
53	55	Sand, fine	98	99	Clay, gray
55	57	Gravel			
57	67	Sandstone, soft			
67	70	Clay, yellow			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11-18-08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> This Water Well Record was completed on (mo/day/year) <u>11-19-08</u> Under the business name of <u>Clarke Well & Equipment, Inc.</u> by (signature) <u>[Signature]</u>
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.