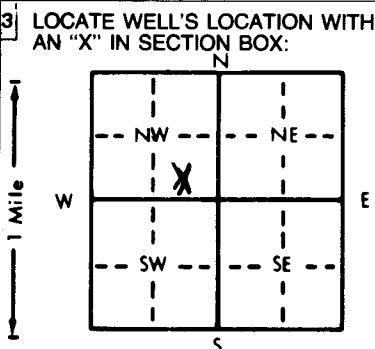


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number  
 County: Edwards lot 2 1/4 NW se 1/4 nw 1/4 30 T 24 S R 19 SW

Distance and direction from nearest town or city street address of well if located within city?  
1 3/4 west 1/2 north of Kinsley, Ks.

2 WATER WELL OWNER: Barry Boggs  
 RR#, St. Address, Box #: Kinsley, Ks. 67547 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Application Number:



4 DEPTH OF COMPLETED WELL: 195 ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.  
 WELL'S STATIC WATER LEVEL . . . . . 100 . . . . . ft. below land surface measured on mo/day/yr . . . . . 2-21-89 . . . . .  
 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 . . . . . 10 . . . . . 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 . . . . .  
 Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No . . . . . X . . . . . If yes, mo/day/yr sample was sub-  
 mitted Water Well Disinfected? Yes hth No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X . . . . . Clamped . . . . .  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .  
 2 PVC 4 ABS 7 Fiberglass Threaded . . . . .  
 Blank casing diameter . . . . . 5 . . . . . in. to . . . . . 155 . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface . . . . . 18 . . . . . in., weight . . . . . 258 . . . . . 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) . . . . .  
 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) . . . . .  
 SCREEN-PERFORATED INTERVALS: From . . . . . 155 . . . . . ft. to . . . . . 195 . . . . . ft., From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 GRAVEL PACK INTERVALS: From . . . . . 20 . . . . . ft. to . . . . . 195 . . . . . 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 . . . . . 0 . . . . . ft. to . . . . . 20 . . . . . 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)  
 13 Insecticide storage . . . . .

Direction from well? north east How many feet? 100

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top soil			
3	12	Brown clay			
12	18	Brown & gray clay			
18	80	Light brown clay			
80	89	Brown clay with streaks of broken rock			
89	118	Light brown clay & white clay			
118	140	Fire clay with white clay			
140	150	white and gray clay with streaks of sand rock			
150	155	Gray & white clay			
155	170	Sand rock with streaks of white clay			
170	175	White and gray clay			
175	195	Streaks of sand rock with white clay streaks			
195	203	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) . . . . . 2-21-89 . . . . . 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) . . . . . 3-17-89 . . . . . under the business name of Rosencrantz-Bemis by (signature) Media Madson

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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
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