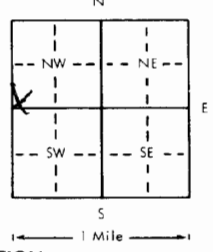


1 LOCATION OF WATER WELL		Fraction	Section Number		Township Number	Range Number	
County: Reno		SW 1/4 SW 1/4 NW 1/4	4		T 24 S	R 4 EW	
Distance and direction from nearest town or city? 2 1/2 50 Highway, East Side			Street address of well if located within city?				
2 WATER WELL OWNER: Blackstone Drilling Co.							
RR#, St. Address, Box # : P.O. Box 1184			Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : MCPerson, KS 67460			Application Number:				
3 DEPTH OF COMPLETED WELL: 45 ft. Bore Hole Diameter: 6 in. to 45 ft., and . . . in. to . . . ft.							
Well Water to be used as:							
1 Domestic 3 Feedlot XXX Oil field water supply 8 Air conditioning 11 Injection well							
2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)							
10 Observation well							
Well's static water level 10 ft. below land surface measured on . . . 12 month . . . 19 day . . . 1980 . . . year							
Pump Test Data : Well water was . . . 1.5 ft. after . . . 1 hours pumping . . . 80 gpm							
Est. Yield gpm: Well water was . . . ft. after . . . hours pumping . . . gpm							
4 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued . . . X Clamped . . .							
XXX 2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded . . .							
Threaded . . .							
Blank casing dia . . . 3 in. to . . . 0 ft., Dia . . . 3 in. to . . . 45 ft., Dia . . . in. to . . . ft.							
Casing height above land surface . . . 18 in., weight . . . 160 lbs./ft. Wall thickness or gauge No . . . 216							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement							
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) . . .							
12 None used (open hole)							
Screen or Perforation Openings Are:							
1 Continuous slot 3 Mill slot 5 Gauzed wrapped XXX 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-Perforation Dia . . . 3 in. to . . . 25 ft., Dia . . . 3 in. to . . . 45 ft., Dia . . . in. to . . . ft.							
Screen-Perforated Intervals: From . . . 25 ft. to . . . 45 ft., From . . . ft. to . . . ft.							
Gravel Pack Intervals: From . . . 10 ft. to . . . 45 ft., From . . . ft. to . . . ft.							
5 GROUT MATERIAL:							
1 Neat cement 2 Cement grout XX Bentonite 4 Other							
Grouted Intervals: From . . . 0 ft. to . . . 10 ft., From . . . ft. to . . . ft.							
What is the nearest source of possible contamination:							
1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well							
2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well							
3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)							
NONE							
Direction from well . . . How many feet . . . ? Water Well Disinfected? Yes . . . No X							
Was a chemical/bacteriological sample submitted to Department? Yes . . . No X . . . If yes, date sample							
was submitted . . . month . . . day . . . year: Pump Installed? Yes . . . No X							
If Yes: Pump Manufacturer's name . . . Model No. . . HP . . . Volts . . .							
Depth of Pump Intake . . . ft. Pumps Capacity rated at . . . gal./min.							
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other							
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was XX constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was							
completed on . . . 12 month . . . 19 day . . . 1980 year							
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 . . . 12 month . . . 19 day . . . 1980 year under the business							
name of Rosencrantz-Bemis by (signature) Mike Flawn							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	3	Top Soil			
		3	4	Clay			
		4	8	Medium Sand			
		8	13	Clay w/ some sand			
		13	45	Medium sand			
ELEVATION:							
Depth(s) Groundwater Encountered 1. . . . ft. 2. . . . ft. 3. . . . ft. 4. . . . ft. (Use a second sheet if needed)							
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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.							

OFFICE USE ONLY

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SEC

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SW 1/4 SW 1/4 NW 1/4