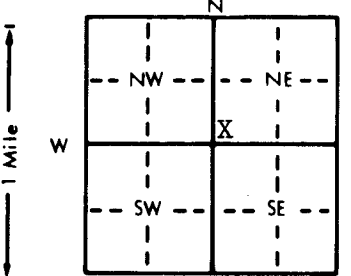


1 LOCATION OF WATER WELL: County: <b>Edwards</b>	Fraction <b>SW ¼ SW ¼ NE ¼</b>	Section Number <b>10</b>	Township Number <b>T 25 S</b>	Range Number <b>R 16W E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**1 E, 3 S of Belpre, Kansas**

2 WATER WELL OWNER: **Chris Breitenbach**  
 RR#, St. Address, Box #: **Belpre, Kansas 67519**  
 City, State, ZIP Code: \_\_\_\_\_  
 Board of Agriculture, Division of Water Resources  
 Application Number: **None**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <b>101</b> ft. ELEVATION: <b>Unknown</b>
	Depth(s) Groundwater Encountered <b>1.26</b> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <b>26</b> ft. below land surface measured on <b>mo/day/yr</b> <b>5/10/90</b> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <b>60</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>8</b> in. to <b>101</b> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 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 _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No _____

5 TYPE OF BLANK CASING USED:  
 1 Steel \_\_\_\_\_ 3 RMP (SR) \_\_\_\_\_ 5 Wrought iron \_\_\_\_\_ 8 Concrete tile \_\_\_\_\_ CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
 2 PVC \_\_\_\_\_ 4 ABS \_\_\_\_\_ 6 Asbestos-Cement \_\_\_\_\_ 9 Other (specify below) \_\_\_\_\_ Welded \_\_\_\_\_  
 7 Fiberglass \_\_\_\_\_ Threaded \_\_\_\_\_  
 Blank casing diameter **5** in. to **91** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **12** in., weight **2.8** lbs./ft. Wall thickness or gauge No. **Sch. 40**  
 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 \_\_\_\_\_ 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 **91** ft. to **101** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **20** ft. to **101** 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 \_\_\_\_\_ **In pasture**

FROM		TO		LITHOLOGIC LOG	FROM		TO		PLUGGING INTERVALS
0	45	45	55	Clay					
45	55	55	89	Fine sand					
55	89	89	101	Clay					
89	101			Sand and gravel					

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) **5/10/90** and this record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No. **186** This Water Well Record was completed on (mo/day/yr) **6/24/90** under the business name of **Kelly's Water Well Service** by (signature) \_\_\_\_\_

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 66620-7320. 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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