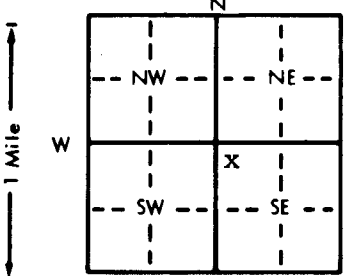


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: Edwards NW 1/4 NW 1/4 SE 1/4 35 T 25 S R 16 EW

Distance and direction from nearest town or city street address of well if located within city?
 Approx. 1 mile North and 2 miles east of Trousdale

2 WATER WELL OWNER: Bill Roenbaugh
 RR#, St. Address, Box # : Route 1 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Haviland, KS 67059 Application Number: Not available

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:


4 DEPTH OF COMPLETED WELL: 100 ft. ELEVATION: unknown
 Depth(s) Groundwater Encountered 1. 14'6" ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 14'6" ft. below land surface measured on mo/day/yr 4-30-81
 Pump test data: Well water was not ck'd. ft. after _____ hours pumping _____ gpm
 Est. Yield 500 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 20 in. to 100 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 Observation well Pond
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes X No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued XX Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing diameter 8 in. to 60 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., weight 3.519 lbs./ft. Wall thickness or gauge No. .210
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 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 60 ft. to 100 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 10 ft. to 100 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 10 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 FARM POND
 Direction from well? X NORTH How many feet? X 25'

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	Topsoil & brown sandy clay			
5	10	Fine sand			
10	15	Fine & med sand & gravel			
15	17	<u>X</u> Tan sandy clay			
17	25	Tan sandy clay w/ <u>1/2</u> fine sand & gravel			
25	28	Fine-med. sand & gravel			
28	29	Med. sand & gravel			
29	33	Tan sandy clay			
33	42	Hard white clay			
42	45	V.fine sand w/some cemented sand & brown clay			
45	52	Fine - V.fine sand & gravel, clean			
52	62	Fine-med. sand & gravel			
62	78	Med. sand & 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) 4/30/81 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) 4/27/81
 under the business name of Clarke Well & Eq., Inc. 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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T 25 R 16 EW SEC. 35 NW 1/4 SE 1/4