

1 LOCATION OF WATER WELL	Fraction NE 1/4 SE 1/4 NE 1/4	Section Number 2	Township Number T 25 S	Range Number R 18 EW
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Distance and direction from nearest town or city? 1 3/4S, 1/8W of Lewis
 Street address of well if located within city?

2 WATER WELL OWNER: Bob McLean
 RR#, St. Address, Box # :
 City, State, ZIP Code : Lewis, Ks. 67552
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL . . . 70 . . . ft. Bore Hole Diameter . . . 11 . . . in. to . . . 70 . . . ft., and . . . in. to . . . ft.
 Well Water to be used as:
 Domestic Feedlot Oil field water supply Air conditioning Injection well
 Irrigation Industrial Lawn and garden only Dewatering Other (Specify below)
 Observation well
 Well's static water level . . . 29 . . . ft. below land surface measured on . . . 10 . . . month . . . 2 . . . day . . . 80 . . . year
 Pump Test Data : Well water was . . . ft. after . . . hours pumping . . . gpm
 Est. Yield NA gpm: Well water was . . . ft. after . . . hours pumping . . . gpm

4 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Concrete tile Wrought iron Asbestos-Cement Other (specify below)
 PVC ABS Fiberglass
 Casing Joints: Glued Clamped
 Welded
 Threaded
 Blank casing dia . . . 5 . . . in. to . . . 50 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.
 Casing height above land surface . . . 12 . . . in., weight . . . lbs./ft. Wall thickness or gauge No . . . 258
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless steel Fiberglass RMP (SR) Asbestos-cement
 Brass Galvanized steel Concrete tile ABS Other (specify)
 None used (open hole)
 Screen or Perforation Openings Are:
 Continuous slot Mill slot Wire wrapped Gauzed wrapped Saw cut None (open hole)
 Louvered shutter Key punched Torch cut Other (specify)
 Screen-Perforation Dia . . . 5 . . . in. to . . . 70 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.
 Screen-Perforated Intervals: From . . . 50 . . . ft. to . . . 70 . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.
 Gravel Pack Intervals: From . . . 10 . . . ft. to . . . 70 . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.

5 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
 Grouted Intervals: From . . . 0 . . . ft. to . . . 10 . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.
 What is the nearest source of possible contamination:
 Septic tank Cess pool Sewage lagoon Fuel storage Abandoned water well
 Sewer lines Seepage pit Feed yard Fertilizer storage Oil well/Gas well
 Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Watertight sewer lines
 Direction from well . . . N . . . How many feet . . . 112 . . . ? Water Well Disinfected? Yes HTH . . . No
 Was a chemical/bacteriological sample submitted to Department? Yes X . . . No . . . : If yes, date sample was submitted . . . 10 . . . month . . . 2 . . . day . . . 80 . . . year: Pump Installed? Yes X . . . No . . .
 If Yes: Pump Manufacturer's name . . . Red Jacket . . . Model No. . . . 8CC . . . HP 1 . . . Volts . . . 230
 Depth of Pump Intake . . . 42 . . . ft. Pumps Capacity rated at . . . 18 . . . gal./min.
 Type of pump: Submersible Turbine Jet Centrifugal Reciprocating Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on . . . 10 . . . month . . . 28 . . . day . . . 80 . . . 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 . . . 11 . . . month . . . 4 . . . day . . . 80 . . . year under the business name of Rosencrantz-Bemis by (signature) Lora Dodson

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<p>ELEVATION:</p>	0	3	Top soil			
	3	9	Gray sandy clay			
	9	12	Brown sandy clay			
	12	17	Fine sandy clay			
	17	74	Sand and gravel w/ clay			
	74	75	Clay			

Depth(s) Groundwater Encountered 1X 29 . . . 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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