

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Edwards</u>	<u>1/4 c 1/4 SW 1/4</u>	<u>5</u>	<u>T 26 S</u>	<u>R 16 EW</u>

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

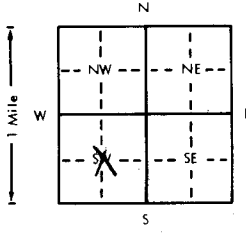
2 WATER WELL OWNER: Bruce Mathes
 RR#, St. Address, Box #: Trousdale, Ks. 67145
 City, State, ZIP Code: Trousdale, Ks. 67145
 Board of Agriculture, Division of Water Resources
 Application Number: 20342

3 DEPTH OF COMPLETED WELL: 107 ft. Bore Hole Diameter: 29 in. to _____ ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 **Irrigation** 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) _____
 7 Lawn and garden only 10 Observation well _____
 Well's static water level: 20 ft. below land surface measured on _____ month 15 day 79 year
 Pump Test Data: Well water was 34 ft. after 1 hours pumping 800 gpm
 Est. Yield 1400 gpm: Well water was 37 ft. after 2 hours pumping 1000 gpm

4 TYPE OF BLANK CASING USED:
 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 X _____
 7 Fiberglass _____ Threaded _____
 Blank casing dia: 16 in. to 67 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight _____ lbs./ft. Wall thickness or gauge No: 7
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 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-Perforation Dia: 16 in. to 107 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 67 ft. to 107 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 10 ft. to 107 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 0 ~~10~~ ft. to 10 ~~107~~ ft., From _____ ft. to _____ 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) _____
 13 Watertight sewer lines _____
 Direction from well: west. How many feet: 3/4 mile. Water Well Disinfected? Yes hth No _____
 Was a chemical/bacteriological sample submitted to Department? Yes X No _____ If yes, date sample was submitted: 6 month 15 day 79 year. Pump Installed? Yes X No _____
 If Yes: Pump Manufacturer's name: W.L.R. Model No.: 3-12KBH HP: 80 Volts _____
 Depth of Pump Intake: 80 ft. Pumps Capacity rated at: 900 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 (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 10 month 19 day 79 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 13 day 79 year under the business name of Rosencrantz-Bemis by (signature) Freddie Blodson

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
		0	1	Sandy top soil			
		1	8	clay			
		8	17	Sand and gravel			
		17	18	Clay			
		18	51	Sand			
		51	107	Good clean sand and gravel			
	107		clay				

ELEVATION: upland

Depth(s) Groundwater Encountered 1. 20 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
T
26
R
16
EW
SEC
5
C
1/4
SW
1/4
1/4