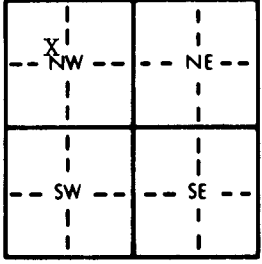


1 LOCATION OF WATER WELL: County: <b>E</b> Edwards	Fraction SE 1/4 NW 1/4 NW 1/4	Section Number 25	Township Number T 26 S	Range Number R 16 E/W
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Distance and direction from nearest town or city street address of well if located within city?  
**Approx. 3 1/2 miles South and 3 1/4 miles east of Trousdale, KS**

2 WATER WELL OWNER: **Dean Welsh**  
 RR#, St. Address, Box # : **Haviland, KS 67059**  
 City, State, ZIP Code :  
 Board of Agriculture, Division of Water Resources  
 Application Number: **not required**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <b>65</b> ft. ELEVATION: <b>unknown</b>
	Depth(s) Groundwater Encountered 1. <b>28</b> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <b>28</b> ft. below land surface measured on <b>mo/day/yr</b> <b>XX 5/18/81</b> Pump test data: Well water was <b>not ck'd</b> ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter: <b>9</b> in. to <b>65</b> 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 Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>XX</b> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <b>XX</b> No

5 TYPE OF BLANK CASING USED:

1 Steel	<u>3 RMP (SR)</u>	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: <u>Glued</u> <b>XX</b> Clamped _____
2 PVC	4 ABS	7 Fiberglass		<u>Welded</u> _____
				<u>Threaded</u> _____

Blank casing diameter **5** in. to **55** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **12** in., weight **1,5** lbs./ft. Wall thickness or gauge No. **200**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	<u>8 RMP (SR)</u>	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	<u>9 Drilled holes</u>	
		7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From **XX 55** ft. to **65** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **45** ft. to **65** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**Annular fill** From **25** ft. to **45** ft., From **10** ft. to **22** ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_

Grout intervals: From **0** ft. to **10** ft., From **22** ft. to **25** 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	

Direction from well? **northeast** How many feet? **200**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Fine sand			
3	15	Brown clay			
15	23	Fine sand & sandy tan clay			
23	28	Fine sand & gravel			
28	32	Sand & sandy tan clay			
32	35	Fine sand & gravel			
35	44	Sand & sandy tan clay			
44	65	Sand & gravel, med to fine			

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) **5/18/81** 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) **6/27/82** under the business name of **CLARKE WELL & EQ, INC.** by (signature) *[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  
R  
R  
E/W  
SEC.  
25  
574  
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