

1 LOCATION OF WATER WELL
 County: Edwards Fraction $\frac{1}{4}$ C $\frac{1}{4}$ NW $\frac{1}{4}$ Section Number 1 Township Number T 26 S Range Number R 17 NW

Distance and direction from nearest town or city? from Inausdale 2 1/4 W - 1/4 N
 Street address of well if located within city?

2 WATER WELL OWNER: M. F. Newson
 RR#, St. Address, Box #: Leemis, No. 67552
 City, State, ZIP Code: Leemis, Mo. 67552
 Board of Agriculture, Division of Water Resources
 Application Number: 32680

3 DEPTH OF COMPLETED WELL: 160 ft. Bore Hole Diameter: 2 9 in. to _____ 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 Observation well
 Well's static water level: 26 ft. below land surface measured on _____ month 29 day 77 year
 Pump Test Data: Well water was: 56 ft. after 1 hours pumping 600 gpm
 Est. Yield 1400 gpm: Well water was: 69 ft. after 2 hours pumping 1000 gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)
 2 PVC 4 ABS 7 Fiberglass
 Blank casing dia: 16 in. to 100 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:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 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 10 Other (specify) _____
 Screen-Perforation Dia: 16 in. to 100 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 100 ft. to 160 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 10 ft. to 160 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 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:
 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)
 Direction from well: North How many feet: 1/4 mile ? Water Well Disinfected? Yes H.T.H. No
 Was a chemical/bacteriological sample submitted to Department? Yes ✓ No _____ If yes, date sample was submitted: 6 month 29 day 77 year Pump Installed? Yes ✓ No _____
 If Yes: Pump Manufacturer's name: Western Land Roller Model No. 4-12BH HP 100 Volts 460
 Depth of Pump Intake: 120 ft. Pumps Capacity rated at: 1000 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 _____ month _____ day _____ 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 _____ month _____ day _____ year under the business name of Rosenwanz-Bemis by (signature) Fredia Rodson

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	top soil	41	73	sand & gravel
2	4	Brown clay	73	84	Brown & white clay
4	8	Sandy brown clay	84	90	sand & gravel
8	11	sand & gravel	90	99	Brown & white clay
11	17	Brown clay	99	106	sand & gravel
17	26	Brown & white clay	106	117	Brown clay
26	29	Fine sand	117	118	cemented sand
29	31	yellow, brown, white clay	118	128	Brown & white clay w/ Rock
31	36	gray clay	128	162	sand & gravel
36	39	sand & gravel			clean, coarse, brack
39	41	Brown clay			

ELEVATION: _____

Depth(s) Groundwater Encountered 1. 26 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
17
EAS
SEC
1/4
NW
1/4