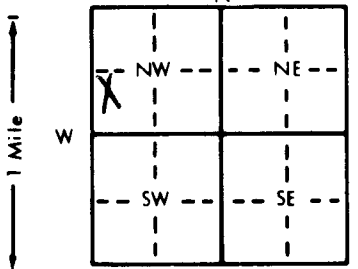


1 LOCATION OF WATER WELL: County: <u>Ford</u>	Fraction <u>NW 1/4 SW 1/4 NW 1/4</u>	Section Number <u>36</u>	Township Number <u>T 26 S</u>	Range Number <u>R 21 E/W</u>
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Distance and direction from nearest town or city street address of well if located within city?

3 east 2 3/4 south of Windhorst, Ks./

2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :	<u>Ed Molitor</u> <u>Rt. 1-Box 38</u> <u>Offerle, Ks. 67563</u>	Board of Agriculture, Division of Water Resources Application Number: <u>12327</u>
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <u>30</u> ft. ELEVATION:
	Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>8</u> ft. below land surface measured on mo/day/yr <u>2-10-94</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>250</u> gpm: Well water was <u>23</u> ft. after <u>1</u> hours pumping <u>250</u> gpm Bore Hole Diameter <u>26</u> in. to <u>30</u> 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 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No _____

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
2 PVC	4 ABS	7 Fiberglass	Welded <u>X</u>
Blank casing diameter <u>16</u> in. to <u>15</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			Threaded _____
Casing height above land surface <u>12</u> in., weight <u>SDR32.5</u> lbs./ft. Wall thickness or gauge No. _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:	7 PVC	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From <u>15</u> ft. to <u>30</u> ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>30</u> ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other <u>hole plug</u>
Grout Intervals: From <u>0</u> ft. to <u>10</u> 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
	2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage
	3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
				13 Insecticide storage
				14 Abandoned water well
				15 Oil well/Gas well
				16 Other (specify below) _____
Direction from well?				How many feet? <u>none</u>

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Sandy top soil			
5	20	Sand and gravel clean coarse loose			
20	26	Sand and gravel clean coarse loose dark colored			
26	30	Brown & white clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-4-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u> This Water Well Record was completed on (mo/day/yr) <u>4-29-94</u> under the business name of <u>Rosencrantz-Bemis</u> by (signature) <u>Fredia Hodson</u>

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.