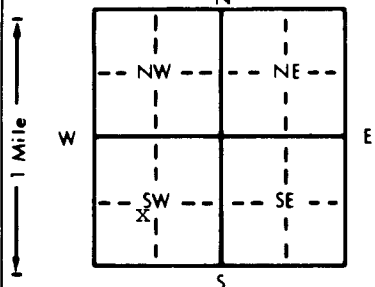


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Kiowa</u>	<u>NE 1/4 SW 1/4 SW 1/4</u>	<u>16</u>	<u>T 27 S</u>	<u>R 19 EW</u>

Distance and direction from nearest town or city street address of well if located within city?
Approximately 3 miles east and 7 1/4 miles north of Mullinville

2 WATER WELL OWNER: Jerald L. Bohn
 RR#, St. Address, Box #: 1459 Country Club Rd. Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Pratt, KS 67124 Application Number: 26,885

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



4 DEPTH OF COMPLETED WELL: 186 ft. ELEVATION: Unknown
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 70' ft. below land surface measured on mo/day/yr 8-30-95
 Pump test data: Well water was not ch'd ft. after _____ hours pumping _____ gpm
 Est. Yield unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 24 in. to 185 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below) _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ X _____ If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No

5 TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) _____
 CASING JOINTS: Glued _____ Clamped _____ Welded Threaded _____
 Blank casing diameter: 16 in. to 84 ft., Dia. 16 in. to 117 ft., Dia. 16 in. to 173 ft.
 Casing height above land surface: 12 in., weight 36.87 lbs./ft. Wall thickness or gauge No. 219
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole) _____
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) Bridge Slot _____ 11 None (open hole) _____
 SCREEN-PERFORATED INTERVALS: From 84 ft. to 108 ft., From 173 ft. to 185 ft.
 From 117 ft. to 157 ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 185 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout intervals: From 0 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____ 17 None known

Direction from well?		LITHOLOGIC LOG	How many feet?		PERFORATION INTERVALS
FROM	TO		FROM	TO	
0	9	Topsoil, sandy	176	177	Cemented sand, very hard
9	22	Clay, brown	177	184	Sand and gravel, fine, medium mixed in clay
22	30	Sand, fine			
30	44	Sand and gravel, fine, medium	184	185	Clay
44	60	Sand and gravel, medium, coarse			
60	63	Clay, brown			
63	104	Sand and gravel, medium, coarse			
104	109	Clay, brown, sandy mixed with sand and gravel			
109	115	Clay, brown, caliche			
115	120	Sand and gravel with some clay			
120	134	Sand and gravel, medium			
134	139	Clay, brown with sandy stringers			
139	153	Sand and gravel, medium			
153	176	Clay, brown			

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) 8-30-95 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) 9-19-95 under the business name of Clarke Well & Equipment, 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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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