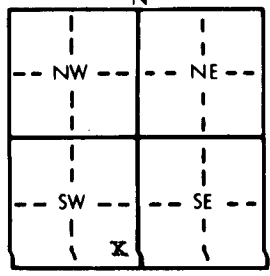


1 LOCATION OF WATER WELL: Fraction SE 1/4 SE 1/4 SW 1/4 Section Number 7 Township Number T. 27 S Range Number R. 33 E/W

Distance and direction from nearest town or city street address of well if located within city?
14 North, 6 West, 2 North, 1/2 West of Sublette, Ks.

2 WATER WELL OWNER: Alfred Alexander
 RR#, St. Address, Box # : _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Saratoga, Kansas 67870 Application Number: ---

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: 381 ft. ELEVATION: Slope
 Depth(s) Groundwater Encountered 1. Not available ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 151 ft. below land surface measured on mo/day/yr Aug. 14, 1981
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 100 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 7 7/8 in. to 151 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
0 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering XXI Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well _____ Stock
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes XXX No _____

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued XX Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
XX2 PVC 4 ABS 7 Fiberglass _____ Threaded _____

Blank casing diameter 5 in. to 331 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., weight 2.8 lbs./ft. Wall thickness or gauge No. 265

TYPE OF SCREEN OR PERFORATION MATERIAL: XXX PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped XX8 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 331 ft. to 381 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 14 ft. to 381 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: XX Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 4 ft. to 14 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage XXX5 Oil well Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage _____
 Direction from well? South How many feet? 1400

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	Fine Sand	381	384	Dakota Clay
5	12	Clay			
12	60	Fine Sand			
60	150	Med. to Lar. Sand & Gravel			
150	154	Sticky Black Clay			
154	178	Med. to Lar. Sand & Gravel			
178	250	Sandy Clay w/Streaks of Fine Sand			
250	260	Sandy Clay			
260	288	Sand Clay w/Streaks of Med. Sand			
288	301	Med. to Lar. Sand			
301	305	Caliche			
305	310	Med. to Lar. Sand			
310	314	Sandy Clay			
314	370	Med. to Lar. Sand w/Clay Streaks			
370	381	Sandy Clay w/Streaks of Fine Sand			

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) August 14, 1981 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 252 This Water Well Record was completed on (mo/day/yr) August 20, 1981 under the business name of Friesen Windmill & Supply Inc. by (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
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SEC
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