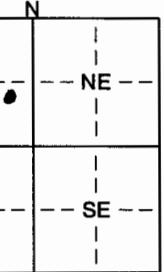


LOCATION OF WATER WELL:	Fraction County: <i>Gray</i>	1/4 <i>SE</i> 1/4 <i>NE</i> 1/4	Section Number 32	Township Number T 28 S	Range Number R 27 E
Distance and direction from nearest town or city street address of well if located within city? <i>5 1/2 S + 3 1/2 W from Ensign</i>					
2 WATER WELL OWNER: <i>Ila Edwards</i>			Board of Agriculture, Division of Water Resources Application Number:		
RR#, St. Address, Box # City, State, ZIP Code Fowler, KS 67844					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL. <i>240</i> ft. ELEVATION: .....			
Depth(s) Groundwater Encountered 1. <i>120</i> ft. 2. .... ft. 3. .... ft.					
WELL'S STATIC WATER LEVEL <i>120</i> ft. below land surface measured on mo/day/yr <i>5-6-02</i>					
Pump test data: Well water was <i>120</i> ft. after <i>1</i> hours pumping <i>30</i> gpm					
Est. Yield <i>50</i> gpm; Well water was <i>120</i> ft. after <i>1</i> hours pumping <i>30</i> gpm					
Bore Hole Diameter <i>8 3/4</i> in. to <i>240</i> ft., and <i>120</i> in. to <i>240</i> 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 Domestic (lawn & garden) 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes. <input checked="" type="checkbox"/> No. <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
5 TYPE OF BLANK CASING USED: Casing joints: Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/> 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile ① PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....					
Blank casing diameter <i>5</i> in. to <i>20</i> ft., Dia <i>24</i> in. to <i>240</i> ft., Dia <i>120</i> in. to <i>240</i> ft., Dia <i>120</i> in. to <i>240</i> ft.					
Casing height above land surface <i>24</i> in., weight ..... lbs./ft. Wall thickness or gauge No. <i>200</i> <i>250</i>					
TYPE OF SCREEN OR PERFORATION MATERIAL: 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 8 Saw cut 11 None (open hole) 1 Continuous slot ① Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....					
SCREEN-PERFORATED INTERVALS: From <i>200</i> ft. to <i>240</i> ft., From ..... ft. to ..... ft.					
From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From <i>20</i> ft. to <i>240</i> ft., From ..... ft. to ..... ft.					
From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout ① Bentonite 4 Other .....					
Grout Intervals: From <i>top</i> ft. to <i>20</i> 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 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)					
Direction from well? <i>W</i> How many feet? <i>2600</i>					
7 LITHOLOGIC LOG			PLUGGING INTERVALS		
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	<i>top, s. l.</i>			<i>220'-240' 5" Eagle PVC 120 SDR-17</i>
5	38	<i>brown clay</i>			<i>250 PSI @ 73°F ASTM D 2241</i>
38	50	<i>sand</i>			<i>NSF-PW Well Casing IC-0</i>
50	55	<i>dark brown clay</i>			<i>ASTM F480-49 NSF-WC</i>
55	75	<i>brown clay</i>			<i>BL101 4 Hastings NE 23310019</i>
75	175	<i>sand + gravel</i>			
175	194	<i>blue clay</i>			<i>220'-top Northern Pipe Products 5"SDA</i>
194	240	<i>sand + gravel w/ streaks of clay</i>			<i>200 PSI @ 73°F PVC 120 ASTM D 2241 NFS-PW D 1323</i>
					<i>FF 200C 43D</i>
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <i>5-7-02</i> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's Licence No. <i>101</i> This Water Well Record was completed on (mo/day/yr) <i>5-15-02</i>					
under the business name of <i>Bartel Well Drilling, Inc.</i> by (signature) <i>Reuben J. Bartel</i>					
INSTRUCTIONS: Use typewrite 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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					