

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <b>Clark</b>	<b>NE 1/4 NE 1/4 SW 1/4</b>	<b>2</b>	<b>T 30 S</b>	<b>R 23 EW</b>

Distance and direction from nearest town or city? **1 West, 6 South, 1/4 West and 1 North of Kingsdown, KS.** Street address of well if located within city?

2 WATER WELL OWNER: **DaMac Drilling (Pyle Ranch B #1)**  
 RR#, St. Address, Box #: **Box 1164**  
 City, State, ZIP Code: **Great Bend, Ks. 67530**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

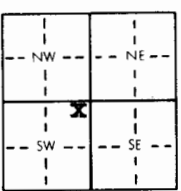
3 DEPTH OF COMPLETED WELL: **172** ft. Bore Hole Diameter: **9 7/8** in. to **172** ft. and ... in. to ... ft.  
 Well Water to be used as:  
 1 Domestic  3 Feedlot  5 Public water supply  8 Air conditioning  11 Injection well   
 2 Irrigation  4 Industrial  7 Lawn and garden only  9 Dewatering  12 Other (Specify below)   
 10 Observation well   
 Well's static water level: **97** ft. below land surface measured on **August** month **1** day **1980** year  
 Pump Test Data: Well water was ... ft. after ... hours pumping ... gpm  
 Est. Yield: **37** gpm: Well water was ... ft. after ... hours pumping ... gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel  3 RMP (SR)  5 Wrought iron  8 Concrete tile  Casing Joints: Glued  Clamped   
~~XXX~~ PVC  4 ABS  6 Asbestos-Cement  9 Other (specify below)  Welded   
 7 Fiberglass  Threaded   
 Blank casing dia: **5** in. to **112** in. Dia ... 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:  
 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   
 7 Torch cut  10 Other (specify)   
 Screen-Perforation Dia: **5** in. to **172** ft. Dia ... in. to ... ft. Dia ... in. to ... ft.  
 Screen-Perforated Intervals: From **112** ft. to **172** ft. From ... ft. to ... ft. From ... ft. to ... ft.  
 Gravel Pack Intervals: From **14** ft. to **172** ft. From ... ft. to ... ft. From ... ft. to ... ft.

5 GROUT MATERIAL: ~~XXX~~ Neat cement  2 Cement grout  3 Bentonite  4 Other   
 Grouted Intervals: From **4** ft. to **14** 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)   
 13 Watertight sewer lines   
 Direction from well: **East** How many feet: **500** ? Water Well Disinfected? Yes  No   
 Was a chemical/bacteriological sample submitted to Department? Yes  No  If yes, date sample was submitted ... month ... day ... year: Pump installed? Yes  No   
 If Yes: Pump Manufacturer's name: **They install their own** Model No. ... HP ... Volts ...  
 Depth of Pump Intake ... ft. Pumps Capacity rated at ... 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 **August** month **1** day **1980** year.  
 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 **August** month **15** day **1980** year under the business name of **Friesen Windmill & Supply Inc.** by (signature)

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



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	50	Clay			
50	60	Sandy Clay			
60	80	Fine Sand with some clay			
80	85	Clay			
85	112	Med. Sand			
112	118	Clay			
118	140	Med. Sand			
140	155	Clay with Sandstone			
155	160	Fine Sand			
160	180	Clay			

ELEVATION: **Slope**

Depth(s) Groundwater Encountered 1. **Not available** ... 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  
30  
R  
23  
SEC.  
1/4  
1/4  
1/4  
1/4