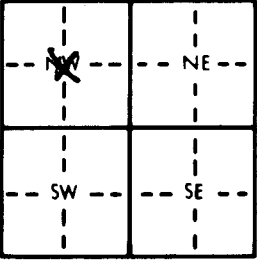


1 LOCATION OF WATER WELL: County: Clark Fraction: C $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$ Section Number: 17 Township Number: T 30 S Range Number: R 25 EW

Distance and direction from nearest town or city street address of well if located within city?
3 1/2 W 3/4 S of Minneola, KS

2 WATER WELL OWNER: Raymond Johnson
 RR#, St. Address, Box #: _____
 City, State, ZIP Code: Minneola, KS.
 Board of Agriculture, Division of Water Resources
 Application Number: _____

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


4 DEPTH OF COMPLETED WELL: 155 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 93 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 62 ft. below land surface measured on mo/day/yr 10/26/82
 Pump test data: Well water was 75 ft. after 2 hours pumping 20 gpm
 Est. Yield 45 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 9 in. to 155 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 Observation well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes X No _____

5 TYPE OF CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing diameter: 5 in. to 75 ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 Casing height above land surface: 14 in., weight 200 lbs./ft. Wall thickness or gauge No. 0.265
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 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-PERFORATED INTERVALS: From 62 ft. to 155 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 50 ft. to 155 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 10 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)
 13 Insecticide storage
 Direction from well? NW How many feet? 230

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	62	overburden			
62	80	Clay			
80	100	med Sand			
100	140	Clay			
140	155	med Sand & clay			

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) 10/26/82 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 142 This Water Well Record was completed on (mo/day/yr) _____ under the business name of T+W Water Well Service by (signature) CD Wegman

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 T 30 R 25 EW 17 1/4 1/4 1/4