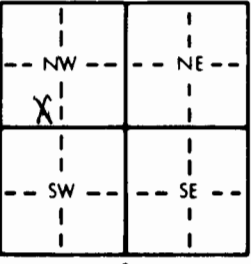


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Kingman</u>		<u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	<u>12</u>	<u>T</u> <u>30</u> <u>S</u>	<u>R</u> <u>9</u> <u>E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1 1/4 east, 1/4 north of Zenda, Ks.</u>					
2 WATER WELL OWNER:					
RR#, St. Address, Box # :		Duke Drilling Co.		Board of Agriculture, Division of Water Resources	
City, State, ZIP Code :		PO Box 823 Great Bend, Ks. 67530		Application Number: <u>970103</u>	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>85</u> ft. ELEVATION: _____ ft.			
<div style="text-align: center;"></div>		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>55</u> ft. below land surface measured on mo/day/yr <u>3-12-97</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>na</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>9 7/8</u> in. to <u>85</u> 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 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes _____ No <u>X</u> _____					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile		CASING JOINTS: Glued <u>X</u> _____ Clamped _____			
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below)		Welded _____			
		Threaded _____			
Blank casing diameter <u>5</u> in. to <u>65</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface <u>2</u> in. weight <u>SDR 26</u> lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 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					
		10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>65</u> ft. to <u>85</u> ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>85</u> ft. to <u>20</u> 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 <u>hole plug</u>					
Grout intervals: From <u>0</u> ft. to <u>20</u> 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? <u>west</u>		How many feet? <u>600'</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top soil			
3	6	Brown clay			
6	15	Sand and gravel			
15	20	Brown, gray & white clay			
20	35	Brown & white clay caliche			
35	36 1/2	Hard white rock			
36 1/2	40	Yellow brown blue gray clay w/ white rock			
40	46	Gray clay			
46	55	Sandy brown clay and sand streaks			
55	63	Sandy gray clay some fine sand			
63	67	Fine sand and gravel			
67	70	Sandy brown clay & fine sand			
70	77	Brown & gray sandy clay			
77	85	Sand and gravel medium loose			
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) <u>3-12-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u> This Water Well Record was completed on (mo/day/yr) <u>4-7-97</u> under the business name of <u>Rosencrantz-Bemis</u> by (signature) <u>Fredia Hodson</u>					
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.					

OFFICE USE ONLY

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