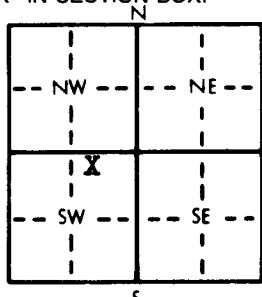


1 LOCATION OF WATER WELL: County: **CLARK** Fraction: **NW 1/4 NE 1/4 SW 1/4** Section Number: **5** Township Number: **T 31 S** Range Number: **R 21 E/W**

Distance and direction from nearest town or city street address of well if located within city?
12 Miles South of Bucklin, Kansas

2 WATER WELL OWNER: ~~Mr. Charles Imel~~
 RR#, St. Address, Box # : **Mr. Victor C. Imel** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Kingsdown, Kansas 67858** Application Number: **---**

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


4 DEPTH OF COMPLETED WELL: **320** ft. ELEVATION: **Slope**
 Depth(s) Groundwater Encountered: 1. **Not available** 2. **Not available** 3. **Not available**
 WELL'S STATIC WATER LEVEL: **185** ft. below land surface measured on **mo/day/yr Nov. 10, 1985**
 Pump test data: Well water was **Not available** ft. after **Not available** hours pumping **Not available** gpm
 Est. Yield: **15** gpm: Well water was **Not available** ft. after **Not available** hours pumping **Not available** gpm
 Bore Hole Diameter: **9 7/8** in. to **320** ft., and **Not available** in. to **Not available** ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 2 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 **XX**; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued **XX** Clamped
 XX PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded
 Blank casing diameter: **5** in. to **240** ft., Dia. **Not available** in. to **Not available** ft., Dia. **Not available** in. to **Not available** ft.
 Casing height above land surface: **15** in., weight **2.8** lbs./ft. Wall thickness or gauge No. **265**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 XX 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 **XX** 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 **240** ft. to **320** ft., From **Not available** ft. to **Not available** ft.
 GRAVEL PACK INTERVALS: From **14** ft. to **320** ft., From **Not available** ft. to **Not available** ft.

6 GROUT MATERIAL: **XXX** Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grout Intervals: From **4** ft. to **14** ft., From **Not available** ft. to **Not available** ft., From **Not available** ft. to **Not available** ft.
 What is the nearest source of possible contamination:
 XX 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? **Northwest** How many feet? **700**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	10	Topsoil			
10	32	Med. Sand			
32	60	Clay and Sandy Clay			
60	70	Yellow Clay			
70	130	Black Shale			
130	160	Red Bed			
160	165	Red Rock, Soft			
165	227	Black Shale			
227	320	Red Sandstone			

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) **December 4, 1985** 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/year) **December 19, 1985** under the business name of **FRIESEN WINDMILL & SUPPLY INC.** by (signature) *[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 T 31 R 21 EW SEC. 5 1/4 1/4 1/4