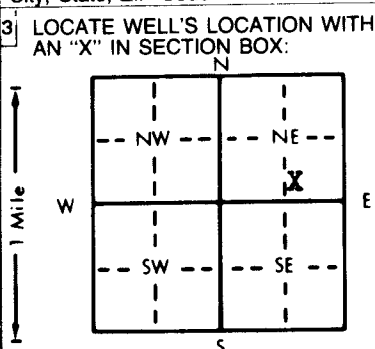


1 LOCATION OF WATER WELL: Fraction **SW 1/4 SE 1/4 NE 1/4** Section Number **16** Township Number **T 31 S** Range Number **R 23 EW**
 County: **Clark**
 Distance and direction from nearest town or city street address of well if located within city?

10 North, 2 1/4 West of Ashland, Kansas #1 Location

2 WATER WELL OWNER: **Mr. David Bouziden #1 Location**
 RR#, St. Address, Box #: **Ashland, Kansas 67831**
 City, State, ZIP Code: **Ashland, Kansas 67831**
 Board of Agriculture, Division of Water Resources
 Application Number: **---**



4 DEPTH OF COMPLETED WELL: **100** ft. ELEVATION: **Slope**
 Depth(s) Groundwater Encountered 1. **Not available** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **66** ft. below land surface measured on mo/day/yr **2-12-91**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: **5** gpm; Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **10** in. to **100** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 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 ; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR)
 2 PVC 4 ABS
 Blank casing diameter: **5** in. to **80** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **20** in., weight **2.8** lbs./ft. Wall thickness or gauge No. **.265**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS
 10 Asbestos-cement
 11 Other (specify) _____
 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **80** ft. to **100** ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **100** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **Baroid Hole Plug**
 Grout Intervals: From **0** ft. to **20** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: **Pasture Well - None**
 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? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil			
3	19	Clay			
19	59	Sandstone			
59	65	Black Shale			
65	75	Sandstone			
75	100	Black Shale			

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) **February 27, 1991** 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/yr) **April 18, 1991** under the business name of **Friesen Windmill & Supply Inc.** by (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, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

8210921006-22

OFFICE USE ONLY
T
R
EW
SEC.