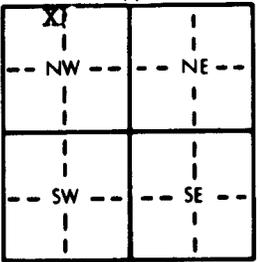


1 LOCATION OF WATER WELL: County: <b>CLARK</b>	Fraction NE ¼ NW ¼ NW ¼	Section Number <b>15</b>	Township Number T <b>32</b> S	Range Number R <b>23</b> E/W
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Distance and direction from nearest town or city street address of well if located within city?  
**5 North and 1 3/4 West of Ashland, Kansas**

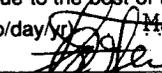
2 WATER WELL OWNER: **David Bouziden**  
 RR#, St. Address, Box # : **P.O. Box 663**  
 City, State, ZIP Code : **Ashland, KS 67831**  
 Board of Agriculture, Division of Water Resources  
 Application Number: **--**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <b>90</b> ft. ELEVATION: <b>Slope</b> Depth(s) Groundwater Encountered 1. <b>Not available</b> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <b>25</b> ft. below land surface measured on mo/day/yr <b>March 2, 1992</b> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <b>30</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>10</b> in. to <b>90</b> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No
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5 TYPE OF BLANK CASING USED:  
 1 Steel  2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued  Clamped \_\_\_\_\_  
 Welded \_\_\_\_\_ Threaded \_\_\_\_\_  
 Blank casing diameter **5** in. to **50** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **18** in., weight **2.8** lbs./ft. Wall thickness or gauge No. **265**  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  PVC 10 Asbestos-cement 11 Other (specify) \_\_\_\_\_  
 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  Mill slot 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 11 None (open hole)  
 2 Louvered shutter 4 Key punched 9 Drilled holes 10 Other (specify) \_\_\_\_\_  
 SCREEN-PERFORATED INTERVALS: From **50** ft. to **90** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **25** ft. to **90** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout  Bentonite 4 Other \_\_\_\_\_  
 Grout Intervals: From **0** ft. to **25** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination: **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	7	Clay			
7	21	Med. Sand			
21	39	Clay & Fine Sand			
39	61	Med. Sand			
61	90	Black Shale			
90	120	Red Bed			

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) **March 3, 1992** 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) **March 4, 1992** 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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

**101219002**

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