

1 LOCATION OF WATER WELL
 County: Morton Fraction NW 1/4 NW 1/4 NE 1/4 Section Number 20 Township Number T 32 S Range Number R 39 E/W

Distance and direction from nearest town or city? 10 north + 3 1/2 East of Rolla or 10 1/2 East Richfield Street address of well if located within city?
 SEP 8 3 80 37701 *****1.00

2 WATER WELL OWNER: ALBERT L. Clark
 RR#, St. Address, Box #: _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Hogaton, Ka 67951 Application Number: _____

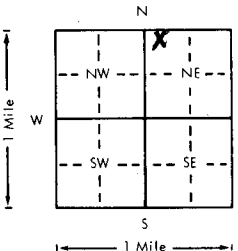
3 DEPTH OF COMPLETED WELL: 280 ft. Bore Hole Diameter: 10 in. to 280 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Well's static water level: 150 ft. below land surface measured on _____ month _____ day _____ year
 Pump Test Data: 7-28-80 Well water was: 155 ft. after _____ hours pumping _____ gpm
 Est. Yield: 15 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing dia: 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 20 in., weight _____ lbs./ft. Wall thickness or gauge No. 258
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are:
 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia: 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 180 ft. to 200 ft., From 210 ft. to 280 ft.
 Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 4 ft. to 14 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well
 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below)
 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines
 Direction from well: South How many feet: 150? Water Well Disinfected? Yes _____ No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ (No) _____ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No _____
 If Yes: Pump Manufacturer's name: Flint-Walling F.t.w., Model No. 15BA20 HP 1 1/2 Volts 230
 Depth of Pump Intake: 200 ft. Pumps Capacity rated at _____ gal./min. _____
 Type of pump: Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on August month 28 day 1980 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 127
 This Water Well Record was completed on Sept month 4 day 1980 year under the business name of Slocum Well Drilling by (signature) Paul Slocum

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



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	20	light loam w/ caliche	5	Streak	260-280 tan rust
20		Silts reddish brown			Sedement rock
40	60	" w/ caliche nodules			to black shale
60	70	Sand corse			Part of Kiowa
70	85	Clays w/ gravel tan			
85	126	" reddish			
126	180	caliche white w/ some clays			
180	196	clays sand corse			
196	220	clay balls w/ sand			
220	230	caliche chaty white w/ some sand			
230	260	clays blue gray + rust (Dacota)			

ELEVATION: _____

Depth(s) Groundwater Encountered 1. 150 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T
32
R
39
EW
SEC.
0
NW 1/4
NW 1/4
NE 1/4