

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Clark	NW 1/4 SW 1/4 SW 1/4	2	T 33 S	R 22 E/W

Distance and direction from nearest town or city? **4 1/4 Miles East of Ashland, Ks.**

Street address of well if located within city?

2 WATER WELL OWNER: **Mary Fry**

RR#, St. Address, Box #: **Ashland, Kansas 67831**

City, State, ZIP Code: **Ashland, Kansas 67831**

Board of Agriculture, Division of Water Resources
Application Number: **----**

3 DEPTH OF COMPLETED WELL: **183** ft. Bore Hole Diameter: **7 7/8** in. to **183** ft., and in. to ft.

Well Water to be used as:

1 Domestic	3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well
2 Irrigation	4 Industrial	6 Oil field water supply	9 Dewatering	XXX2 Other (Specify below)
		7 Lawn and garden only	10 Observation well	Stock

Well's static water level: **37** ft. below land surface measured on **April** month **11** day **1981** year

Pump Test Data: Well water was ft. after hours pumping gpm

Est. Yield **30** gpm: Well water was ft. after hours pumping gpm

4 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	Casing Joints: Glued XX Clamped
XXX2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
		7 Fiberglass		Threaded

Blank casing dia: **5** in. to **10 1/4** in. Dia: **5** in. ~~to 12 1/4~~ **14 1/4** in. Dia: in. to ft.

Casing height above land surface: **12** 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)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)
				12 None used (open hole)

Screen or Perforation Openings Are:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	XXX8 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-Perforation Dia: **5** in. to **1 3/4** in. Dia: in. to ft. Dia: in. to ft.

Screen-Perforated Intervals: From **10 1/4** ft. to **12 1/4** ft., From ft. to ft.

From **14 1/4** ft. to **18 1/4** ft., From ft. to ft.

Gravel Pack Intervals: From **10** ft. to **18 1/4** ft., From ft. to ft.

From ft. to ft., From ft. to ft.

5 GROUT MATERIAL: **XXX** Neat cement 2 Cement grout 3 Bentonite 4 Other

Grouted Intervals: From **0** ft. to **10** ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well
3 Lateral lines	6 Pit privy	9 Livestock pens	12 Insecticide storage	XXX6 Other (specify below)
			13 Watertight sewer lines	Creek

Direction from well: **West** How many feet: **160** ? Water Well Disinfected? Yes **XXX** No

Was a chemical/bacteriological sample submitted to Department? Yes **XXX** No **XXX** If yes, date sample was submitted month day year

Pump Installed? **(will install)** No **XXX** Model No. **(MP their own)** Volts

Depth of Pump Intake ft. Pumps Capacity rated at gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **April** month **11** day **1981** year

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 **April** month **20** day **1981** year under the business name of **Friesen Windmill & Supply, Inc.** by (signature)

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	2	Topsoil			
	2	7	Clay			
	7	8	Fine Sand			
	8	20	Clay			
	20	158	Red Bed (6' Good Loose Strips)			
	158	162	Red Sand			
	162	165	Red Bed			
	165	179	Red Sand			
179	184	Red Bed				

ELEVATION: **Slope**

Depth(s) Groundwater Encountered **1. Not available** 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
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R
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E/W
SEC.
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NW 1/4 SW 1/4 SW 1/4