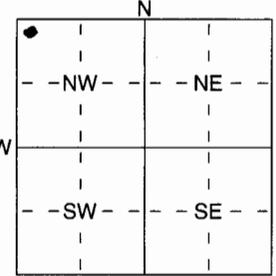


1 LOCATION OF WATER WELL: County: <u>Clark</u>	Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>	Section Number <u>33</u>	Township Number T <u>33</u> S	Range Number R <u>23</u> E <u>(10)</u>
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Distance and direction from nearest town or city street address of well if located within city?  
3 1/2 W of Ashland

2 WATER WELL OWNER: Raymond McMillian  
 RR#, St. Address, Box # :  
 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 ..... <u>120</u> ..... ft. ELEVATION: ..... Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft. WELL'S STATIC WATER LEVEL ..... <u>37</u> ..... ft. below land surface measured on mo/day/yr ..... <u>9-25-04</u> Pump test data: Well water was ..... <u>50</u> ..... ft. after ..... <u>1</u> ..... hours pumping ..... <u>10</u> ..... gpm Est. Yield ..... <u>10</u> ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) <input type="checkbox"/> Irrigation    4 Industrial    7 Domestic (lawn & garden)    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    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued  Clamped .....  
 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded .....  
 Blank casing diameter ..... 5 ..... in. to ..... 80 ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface ..... 18 ..... in., weight ..... lbs./ft. Wall thickness or guage No. 200  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel    3 Stainless Steel    5 Fiberglass     PVC    10 Asbestos-Cement  
 2 Brass    4 Galvanized Steel    6 Concrete tile    8 RMP (SR)    11 Other (Specify) .....  
 9 ABS    12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot     5 Guazed wrapped    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) ..... ft.  
 SCREEN-PERFORATED INTERVALS: From ..... 80 ..... ft. to ..... 120 ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From ..... 20 ..... ft. to ..... 120 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement    2 Cement grout     3 Bentonite    4 Other .....  
 Grout Intervals: From ..... 4 ..... ft. to ..... 20 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination:  
 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? N  
 How many feet? 15

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>15</u>	<u>sandy top soil</u>			
<u>15</u>	<u>27</u>	<u>brown clay</u>			
<u>27</u>	<u>120</u>	<u>sandy red clay</u>			

RECEIVED  
 NOV 05 2004  
 BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... 9-25-04 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No ..... 101 ..... This Water Well Record was completed on (mo/day/yr) ..... 10-19-04 ..... under the business name of Bartel Well Drilling, Inc. by (signature) Reuben J. Bartel

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.