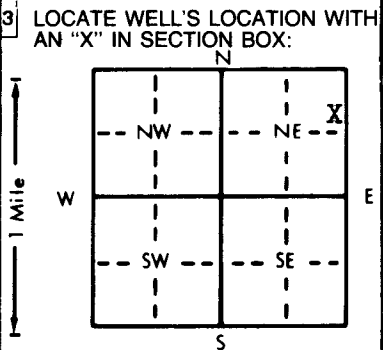


1 LOCATION OF WATER WELL: County: <b>CLARK</b>	Fraction <b>SE 1/4 NE 1/4 NE 1/4</b>	Section Number <b>9</b>	Township Number <b>T 33 S</b>	Range Number <b>R 24 EW</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**8 Miles West of Ashland, Kansas**

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



4 DEPTH OF COMPLETED WELL: **100** ft. ELEVATION: **Upland**  
 Depth(s) Groundwater Encountered 1. **Not available** 2. **Not available** 3. **Not available** ft.  
 WELL'S STATIC WATER LEVEL **40** ft. below land surface measured on **mo/day/yr Jan. 30, 1984**  
 Pump test data: Well water was **Not available** ft. after **Not available** hours pumping **Not available** gpm  
 Est. Yield **2-3** gpm; Well water was **Not available** ft. after **Not available** hours pumping **Not available** gpm  
 Bore Hole Diameter **9 7/8** in. to **100** ft., and **Not available** in. to **Not available** ft.  
 WELL WATER TO BE USED AS:  
 5 Public water supply 8 Air conditioning 11 Injection well  
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering  Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well **Stock**  
 Was a chemical/bacteriological sample submitted to Department? Yes **XX** No **XX**; If yes, mo/day/yr sample was submitted **Not available**  
 Water Well Disinfected? Yes **XX** No **Not available**

5 TYPE OF BLANK CASING USED:  
 1 Steel **XXX** PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued **XX** Clamped **Not available** Welded **Not available** Threaded **Not available**  
 Blank casing diameter **5** in. to **60** ft., Dia. **Not available** in. to **Not available** ft., Dia. **Not available** in. to **Not available** ft.  
 Casing height above land surface **24** in., weight **2.8** lbs./ft. Wall thickness or gauge No. **.265**  
 TYPE OF SCREEN OR PERFORATION MATERIAL: **XXX** PVC 10 Asbestos-cement 11 Other (specify) **Not available**  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) **Not available**  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped  Saw cut 11 None (open hole)  
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes  
 7 Torch cut 10 Other (specify) **Not available**  
 SCREEN-PERFORATED INTERVALS: From **60** ft. to **100** ft., From **Not available** ft. to **Not available** ft.  
 From **Not available** ft. to **Not available** ft., From **Not available** ft. to **Not available** ft.  
 GRAVEL PACK INTERVALS: From **10** ft. to **100** ft., From **Not available** ft. to **Not available** ft.  
 From **Not available** ft. to **Not available** ft., From **Not available** ft. to **Not available** ft.

6 GROUT MATERIAL:  Neat cement 2 Cement grout 3 Bentonite 4 Other **Not available**  
 Grout Intervals: From **0** ft. to **10** ft., From **Not available** ft. to **Not available** ft., From **Not available** ft. to **Not available** ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens  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? **South** How many feet? **3**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<b>0</b>	<b>5</b>	<b>Topsoil</b>			
<b>5</b>	<b>18</b>	<b>Fine to Med. Sand w/Redish Clay</b>			
<b>18</b>	<b>32</b>	<b>Dark and Red Clay (Mixed)</b>			
<b>32</b>	<b>37</b>	<b>Fine to Med. Sand</b>			
<b>37</b>	<b>103</b>	<b>Red Bed</b>			

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) **Feb. 3, 1984** 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) **Feb. 16, 1984** under the business name of **Friesen Windmill & Supply Inc.** by (signature) **[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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
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3  
R  
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EM  
SEC.  
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SE 1/4  
NE 1/4  
NE 1/4