

1 LOCATION OF WATER WELL	Fraction ADB	Section Number	Township Number	Range Number
County: Clark	NW 1/4 SE 1/4 NE 1/4	27	T 34 S	R 25 NE/W

Distance and direction from nearest town or city? **2 W, 1 1/2 N, 3/4 E of Englewood**

Street address of well if located within city?

2 WATER WELL OWNER: **Xplor Drilling Company**

RR#, St. Address, Box #: **453 So. Webb Rd., Box 18611**

City, State, ZIP Code: **Wichita, Kansas 67200**

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

3 DEPTH OF COMPLETED WELL: **90** ft. Bore Hole Diameter: **9 7/8** in. to **90** 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	12 Other (Specify below)
		7 Lawn and garden only	10 Observation well	Oil Field Supply

Well's static water level: **32** ft. below land surface measured on **Sept.** month **4** day **1979** year

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

Est. Yield **50+** 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
XX2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
		7 Fiberglass		Threaded

Blank casing dia: **5** in. to **30** in., Dia in. to ft., 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	8 Saw cut XXX	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 ft., Dia in. to ft., Dia in. to ft.

Screen-Perforated Intervals: From **30** ft. to **90** ft., From ft. to ft., From ft. to ft.

Gravel Pack Intervals: From **14** ft. to **90** ft., From ft. to ft., From ft. to ft.

5 GROUT MATERIAL: **XXX** Neat cement

Grouted Intervals: From **4** ft. to **14** 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	16 Other (specify below)
			13 Watertight sewer lines	Creek

Direction from well: **XXX West** How many feet **200** ? Water Well Disinfected? Yes **XX** No

Was a chemical/bacteriological sample submitted to Department? Yes No **XX** If yes, date sample was submitted month day year: Pump Installed? Yes No **Customer installed his own pump**

If Yes: Pump Manufacturer's name Model No. **HP** Volts

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

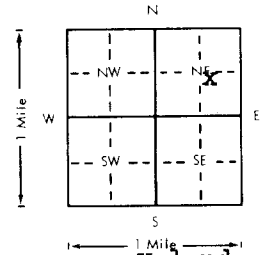
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

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 **September** month **4** day **1979** 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 **December** month **6** day **1979** year under the business name of **Friesen Windmill & Supply Inc.** by (signature) *[Signature]*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	3	Top Soil			
	3	35	Fine Sand, Some Clay (Drilled Hard)			
	35	95	Med. to Lar. Sand, Some Clay Streaks			
	95	100	Red Bed			
			BLOCK 95			
			32			
			67' sat 4 1/2 hrs			
			Alluvium			



ELEVATION: **Upland**

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 WELLOWNER and retain one for your records.

OFFICE USE ONLY

T 34

R 25

A 5

EWD

SEC. 17

NW 1/4 SE 1/4 NE 1/4