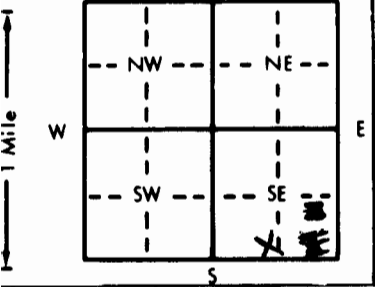


1 LOCATION OF WATER WELL: Fraction **SE 1/4 SW 1/4 NE 1/4** Section Number **1** Township Number **T 35 S** Range Number **R 12 EW**

Distance and direction from nearest town or city street address of well if located within city?  
**4 1/2 E 1/4 N Hardtner**

2 WATER WELL OWNER: **Dean Courson**  
 RR#, St. Address, Box #: **Iowa, Kan 67070** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Application Number:

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



4 DEPTH OF COMPLETED WELL: **102** ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1. **42** ft. 2. ft. 3. ft.  
 WELL'S STATIC WATER LEVEL: **27** ft. below land surface measured on mo/day/yr **4-9-88**  
 Pump test data: Well water was ft. after hours pumping gpm  
 Est. Yield **5** gpm: Well water was ft. after hours pumping gpm  
 Bore Hole Diameter: **9** in. to **102** ft., and in. to ft.  
 WELL WATER TO BE USED AS:  
 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well  
 Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded  
 7 Fiberglass Threaded

Blank casing diameter: **5** in. to **30** ft., Dia. in. to ft., Dia. in. to ft.  
 Casing height above land surface: **16** in., weight lbs./ft. Wall thickness or gauge No. **240**

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 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 11 None (open hole)  
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes  
 7 Torch cut 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **30** ft. to **102** ft., From ft. to ft.  
 GRAVEL PACK INTERVALS: From **20** ft. to **102** ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  
 Grout intervals: From **3** 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 11 Fuel storage 15 Oil well/Gas well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage

Direction from well? **N** How many feet? **50**

| FROM | TO  | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|------|-----|----------------|------|----|----------------|
| 0    | 3   | soil           |      |    |                |
| 3    | 10  | clay           |      |    |                |
| 10   | 14  | sand           |      |    |                |
| 11   | 102 | red shale      |      |    |                |

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) **4-9-88** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **140** This Water Well Record was completed on (mo/day/yr) **4-14-88** under the business name of **Lynam Inc.** by (signature) *Dean Lynam*

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

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T  
R  
EW  
SEC.