

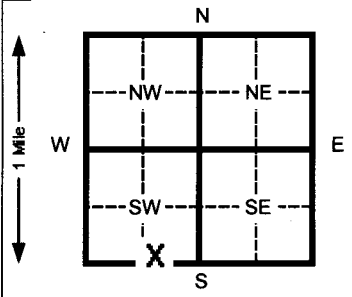
1 LOCATION OF WATER WELL: Fraction **SW 1/4 SE 1/4 SW 1/4** Section Number **2** Township Number **T 3 S** Range Number **R 3** EMV
 County: **Republic**

Distance and direction from nearest town or city street address of well if located within city?

1433 28th Street, Bellville, Kansas

2 WATER WELL OWNER: **George Jensen**
 RR#, St. Address, Box # : **R.R. 2, P.O. Box 7** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Mankato, Kansas 67401** Application Number:

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



4 DEPTH OF COMPLETED WELL **23.5** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 **23.0** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **22.72** ft. below land surface measured on mo/day/yr **08/29/06**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **NA** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **8.5** in. to **23.5** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) Monitoring 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 _____
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded
 Blank casing diameter **2.375** in. to **8.5** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **Flush Mount** in., weight _____ lbs./ft. Wall thickness or gauge No. **Schedule 40**
 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 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 **23.5** ft. to **8.5** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **23.5** ft. to **6.0** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement Cement grout Bentonite 4 Other _____
 Grout Intervals From **0.0** ft. to **1.5** ft. From **1.5** ft. to **6.0** ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy Livestock pens 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon Fuel storage (former) 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? **Northeast** How many feet? **130**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.5		Asphalt
0.5	6.5		Dark brown very silty clay, laminated, very firm, moist
6.5	11.0		Red-brown very silty clay, very firm, moist
11.0	13.0		Light red-brown, red-brown, tan very silty clay, very firm, moist
13.0	18.0		Dark brown very silty clay, very firm, moist-very moist
18.0	22.0		Red-brown very silty clay, some sandstone fragments, very firm, very moist
22.0	23.5		Tan very silty clay, sandy, some sandstone fragments, firm, very moist-wet

Flush-mount well completion waiver existent for site.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/yr) **08/28/06** and this record is true to the best of my knowledge and belief, Kansas
 Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **09/03/06**
 under the business name of **Quad State Services, Inc.** by (signature) _____

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.