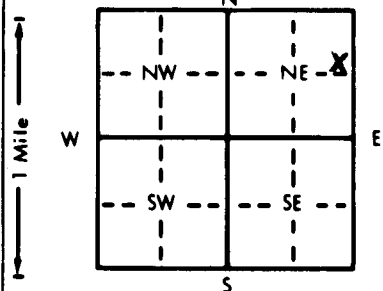


1 LOCATION OF WATER WELL: Fraction **SE 1/4 NE 1/4 NE 1/4** Section Number **32** Township Number **T 3 S** Range Number **R 4W E/W**
 County: **Republic**

Distance and direction from nearest town or city street address of well if located within city?
3 1/2 miles South of Scandia

2 WATER WELL OWNER: **Harvey Melby**
 RR#, St. Address, Box # : _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Scandia, KS 66966** Application Number: _____

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



4 DEPTH OF COMPLETED WELL: **52** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. **17** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **17** ft. below land surface measured on mo/day/yr **5-19-89**
 Pump test data: Well water was **50** ft. after **3/4** hours pumping **100** gpm
 Est. Yield **100** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **8"** in. to **52'** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic _____ 3 Feedlot _____ 6 Oil field water supply _____ 9 Dewatering _____ 11 Injection well _____
 2 Irrigation _____ 4 Industrial _____ 7 Lawn and garden only _____ 10 Observation well _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X**; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes **X** No _____

5 TYPE OF BLANK CASING USED:
 1 Steel _____ 3 RMP (SR) _____ 5 Wrought iron _____ 8 Concrete tile _____ CASING JOINTS: Glued **X** Clamped _____
 2 PVC _____ 4 ABS _____ 6 Asbestos-Cement _____ 9 Other (specify below) _____ Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing diameter **5"** in. to **42'** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **12** in., weight **3** lbs./ft. Wall thickness or gauge No. **258**

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) _____
 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 **42** ft. to **52** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **52** 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 **0** ft. to **20** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination: **NONE**
 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? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	7	Clay			
7	17	Sand			
17	38	Gravel			
38	42	Sand			
42	52	Gravel			

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) **5-19-89** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **361** This Water Well Record was completed on (mo/day/yr) **6-23-89** under the business name of **Cox-Beswick Irrigation Service, Inc.** by (signature) *Denise Beswick*

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.