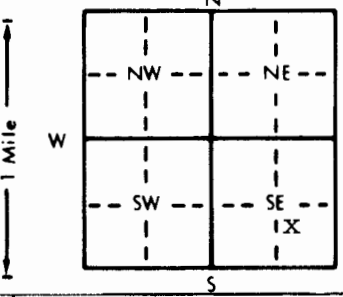


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Thomas</u>		<u>NW 1/4 SE 1/4 SE 1/4</u>	<u>2</u>	<u>T 7 S</u>	<u>R 31 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>In City of Rexford</u>					
2 WATER WELL OWNER: <u>City of Rexford</u>					
RR#, St. Address, Box # : <u>Rexford, KS 67753</u>					
City, State, ZIP Code : _____					
Board of Agriculture, Division of Water Resources Application Number: <u>TH001</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>212</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>110</u> ft. below land surface measured on mo/day/yr <u>7-23-97</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was <u>not tested</u> _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>12</u> in. to <u>212</u> 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 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____ If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes <u>X</u> No _____					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile		CASING JOINTS: Glued <u>X</u> Clamped _____	
2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded _____	
		7 Fiberglass		Threaded _____	
Blank casing diameter <u>8</u> in. to <u>172</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>18</u> in., weight <u>5.92</u> lbs./ft. Wall thickness or gauge No. <u>1/2"</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____		7 PVC 10 Asbestos-cement			
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 8 Saw cut 11 None (open hole)		6 Wire wrapped 9 Drilled holes			
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>172</u> ft. to <u>212</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>18</u> ft. to <u>212</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <u>1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other _____					
Grout intervals: From <u>4</u> ft. to <u>18</u> 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 10 Livestock pens 14 Abandoned water well		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? <u>west</u> How many feet? <u>180</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	40	top soil			
40	66	sand rock and clay strips			
66	95	sand rock and sand strips			
95	110	sand			
110	117	sand rock			
117	160	sand rock hard			
160	167	sand good			
167	180	sand rock			
180	184	sandy clay			
184	197	strickly hard clay			
197	210	sand good			
210	212	oker and shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>7-23-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>139</u> . This Water Well Record was completed on (mo/day/yr) <u>8-7-97</u> under the business name of <u>Bartell Drilling</u> by (signature) <u>[Signature]</u>					
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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					