

LOCATION OF WATER WELL: County: Shawnee Fraction: NE 1/4 NE 1/4 NW 1/4 Section Number: 9 Township Number: T 11 S Range Number: R 15 EW

Distance and direction from nearest town or city? 3 NW OF TOPEKA Street address of well if located within city?

WATER WELL OWNER: Kenneth MASON #, St. Address, Box #: 4586 Board of Agriculture, Division of Water Resources City, State, ZIP Code: TOPEKA 66604 Application Number:

DEPTH OF COMPLETED WELL: 80 ft. Bore Hole Diameter: 12 in. to 80 ft., and . . . . . in. to . . . . . ft.

Use of 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  
 Well's static water level: 19 ft. below land surface measured on September month 25 day 1979 year  
 Pump Test Data: Well water was . . . . . ft. after . . . . . hours pumping. . . . . gpm  
 Yield: 1 gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

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 dia: 5 in. to 15 in. Dia: 5 in. to 25 in. Dia: 5 in. to 80 in. Dia  
 Casing height above land surface: 24 in., weight: 2.82 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) . . . . .

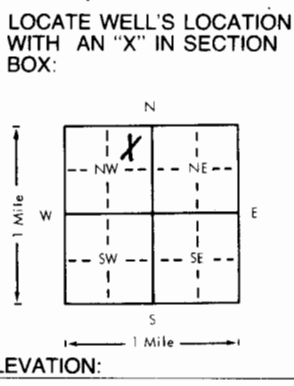
Screen-Perforation Dia: 5 in. to 15 in. Dia: 5 in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Screen-Perforated Intervals: From: 15 ft. to 25 ft., From . . . . . ft. to . . . . . ft.  
 From: 70 ft. to 80 ft., From . . . . . ft. to . . . . . ft.  
 Level Pack Intervals: From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other . . . . .  
 Spouted Intervals: From: 10 ft. to 80 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  
 Direction from well: SOUTH How many feet: 150 ? Water Well Disinfected? Yes  No

Has a chemical/bacteriological sample submitted to Department? Yes  No  If yes, date sample submitted . . . . . month . . . . . day . . . . . year: Pump Installed? Yes  No   
 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

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 25 day 1979 year.  
 I certify this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 182  
 This Water Well Record was completed on September month 27 day 1979 year under the business name of STRADER DRILLING CO INC by (signature) Dale Askrum



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	TOP SOIL			
3	16	CLAY			
16	19	FINE SAND - COURSE SAND			
19	80	SHALE			

Depth(s) Groundwater Encountered 1. . . . . 19 ft. 2. . . . . 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 WELL OWNER and retain one for your records.

OFFICE USE ONLY  
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SEC  
NE 1/4  
NE 1/4  
NW 1/4