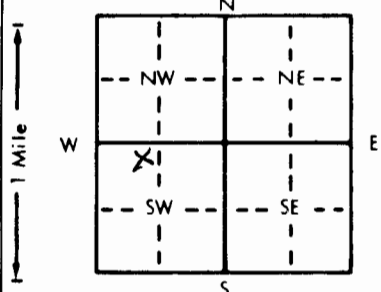


1 LOCATION OF WATER WELL: County: **SHAWNEE** Fraction: **NE 1/4 NW 1/4 SW 1/4** Section Number: **20** Township Number: **T 11 S** Range Number: **R 16 E/W**

Distance and direction from nearest town or city street address of well if located within city? **AT ADDRESS BELOW** **MW# 8**

2 WATER WELL OWNER: **HAROLD ROLLEY TRUST**
 RR#, St. Address, Box #: **2100 SE 29th**
 City, State, ZIP Code: **TOPEKA, KS 66605**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: **30** ft. ELEVATION: **583.12**



Depth(s) Groundwater Encountered: 1. **24** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **24** ft. below land surface measured on mo/day/yr **8/3/94**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **8 1/2** in. to **30** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 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 **Yes**; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No **Yes**

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: **2** in. to **20** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **0** in., weight _____ lbs./ft. Wall thickness or gauge No. **SC# 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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 **.010** 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 **20** ft. to **30** ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **19** ft. to **30** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grout Intervals: From **0** ft. to **3** ft., From **3** ft. to **19** 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 10 Livestock pens 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____
 Direction from well? **ON SITE** How many feet? _____

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|-------------------------|------|----|--------------------|
| 0 | 1 | ASPHALT | | | |
| 1 | 6.5 | SILTY BROWN CLAY | | | |
| 6.5 | 10 | SANDY CLAY, TAN-GREY | | | |
| 10 | 24 | SILTY BROWN CLAY | | | |
| 24 | 30 | SAND, LT BROWN, CGR-FGR | | | |

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) **8/3/94** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **9/25/94** under the business name of **AGD SERVICES** by (signature) **Keith Cleary**

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.