

1 LOCATION OF WATER WELL: County: <u>JEFFERSON</u>		Fraction <u>SW 1/4 SW 1/4 SW 1/4</u>	Section Number <u>18</u>	Township Number <u>11 S</u>	Range Number <u>17 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1/4 M N, 1/2 M W OF GRANVILLE, APPROX 150' N OF HWY 24 OBW-2</u>					
2 WATER WELL OWNER: <u>QUALITY GAS & SHOP</u>			Board of Agriculture, Division of Water Resources		
RR#, St. Address, Box # : <u>1900 N TOPEKA AVE</u>			Application Number: <u>N/A</u>		
City, State, ZIP Code : <u>TOPEKA, KS 66608</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>40</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. <u>28</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>28.27</u> ft. below land surface measured on mo/day/yr <u>08-07-94</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Dia. <u>4 1/2</u> in. to <u>40</u> 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 <u>10 Monitoring well</u>					
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 _____ No <u>X</u>					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Threaded <u>X</u> Blank casing diameter <u>2 1/2</u> in. to <u>20</u> ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft. Casing height above land surface <u>0</u> ft. weight _____ lbs./ft. Wall thickness or gauge No. <u>40</u>					
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) _____ SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <u>3 Mill slot</u> 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft. <u>SAND GRAVEL PACK INTERVALS:</u> From <u>40</u> ft. to <u>18</u> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <u>1 Neat cement</u> 2 Cement grout <u>3 Bentonite</u> 4 Other _____					
Grout Intervals: From <u>16</u> ft. to <u>SURFACE</u> ft. From <u>3</u> ft. to <u>18</u> ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Lateral lines 7 Pit privy <u>11 Fuel storage</u> 14 Livestock pens 15 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) Direction from well? _____ How many feet? <u>220 EAST</u>					
LITHOLOGIC LOG					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>0.7</u>	<u>ASPHALT</u>			
<u>0.7</u>	<u>11.0</u>	<u>GRET-BROWN SILTYCLAY, FIRM</u>			
<u>11.0</u>	<u>24.0</u>	<u>BROWN SILTYCLAY, FIRM</u>			
<u>24.0</u>	<u>27.0</u>	<u>SAME, STIFF</u>			
<u>27.0</u>	<u>40.0</u>	<u>MED-COARSE GRAIN SAND</u>			
<u>T.D. 40.0'</u>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5/6/94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>429</u> This Water Well Record was completed on (mo/day/yr) <u>05-24-94</u> under the business name of <u>EBBERTS 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.