

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number																																																						
County: <u>Geary</u> <u>Riley</u> NW 1/4 NE 1/4 SE 1/4			<u>24</u>	T <u>11</u> S	R <u>7</u> E																																																						
Distance and direction from nearest town or city? <u>3 mi west 3 mi north</u>																																																											
Street address of well if located within city?																																																											
2 WATER WELL OWNER: <u>Mark Roeser</u>																																																											
RR#, St. Address, Box # <u>R2 Box 85A</u>																																																											
City, State, ZIP Code <u>Junction City Kans 66441</u>																																																											
Board of Agriculture, Division of Water Resources																																																											
Application Number:																																																											
3 DEPTH OF COMPLETED WELL. <u>100</u> ft. Bore Hole Diameter. <u>10</u> in. to <u>18</u> in. and <u>7</u> in. to <u>100</u> ft.																																																											
Well Water to be used as:																																																											
<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well																																																											
Well's static water level <u>80</u> ft. below land surface measured on <u>July</u> month <u>17</u> day <u>1980</u> year																																																											
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm																																																											
Est. Yield <u>20</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																																											
4 TYPE OF BLANK CASING USED:																																																											
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below)    Casing Joints: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 7 Fiberglass    _____    _____    _____    _____    _____ Blank casing dia <u>5</u> in. to <u>73</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.																																																											
Casing height above land surface <u>14</u> in., weight _____ lbs./ft. Wall thickness or gauge No <u>267</u>																																																											
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																											
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> 12 None used (open hole)																																																											
Screen or Perforation Openings Are: <u>1040</u>																																																											
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____																																																											
Screen-Perforation Dia <u>5</u> in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.																																																											
Screen-Perforated Intervals: From <u>73</u> ft. to <u>100</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																											
Gravel Pack Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																											
5 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____																																																											
Grouted Intervals: From <u>8</u> ft. to <u>18</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																											
What is the nearest source of possible contamination:																																																											
<input checked="" type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Cess pool <input type="checkbox"/> 7 Sewage lagoon <input type="checkbox"/> 10 Fuel storage <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Seepage pit <input type="checkbox"/> 8 Feed yard <input type="checkbox"/> 11 Fertilizer storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Lateral lines <input type="checkbox"/> 6 Pit privy <input type="checkbox"/> 9 Livestock pens <input type="checkbox"/> 12 Insecticide storage <input type="checkbox"/> 16 Other (specify below) _____ <input type="checkbox"/> 13 Watertight sewer lines																																																											
Direction from well <u>Southwest</u> How many feet <u>100</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																																																											
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <input checked="" type="checkbox"/>																																																											
If Yes: Pump Manufacturer's name <u>N.A.</u> Model No. _____ HP _____ Volts _____																																																											
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.																																																											
Type of pump: <input type="checkbox"/> 1 Submersible <input type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input checked="" type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 6 Other _____																																																											
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>July</u> month <u>17</u> day <u>1980</u> year																																																											
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>237</u>																																																											
This Water Well Record was completed on <u>July 17</u> month <u>July</u> day <u>1980</u> year under the business name of <u>Strader Drilling Co</u> by (signature) <u>Harold Strader</u>																																																											
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG																																																									
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>top soil, black</td> <td>84'</td> <td>93'</td> <td>Shale, Blue</td> </tr> <tr> <td>3</td> <td>15</td> <td>clay, Brown</td> <td>93'</td> <td>97'</td> <td>Rock, yellow lime</td> </tr> <tr> <td>15</td> <td>18</td> <td>Rock, loose flint</td> <td>97'</td> <td>100ft</td> <td>Shale blue</td> </tr> <tr> <td>18</td> <td>21</td> <td>yellow, lime rock</td> <td></td> <td></td> <td></td> </tr> <tr> <td>21</td> <td>60</td> <td>clay, yellow</td> <td></td> <td></td> <td></td> </tr> <tr> <td>60</td> <td>65</td> <td>Rock, lime yellow</td> <td></td> <td></td> <td></td> </tr> <tr> <td>65</td> <td>80</td> <td>Shale Blue</td> <td></td> <td></td> <td></td> </tr> <tr> <td>80</td> <td>84</td> <td>Rock, yellow lime</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	0	3	top soil, black	84'	93'	Shale, Blue	3	15	clay, Brown	93'	97'	Rock, yellow lime	15	18	Rock, loose flint	97'	100ft	Shale blue	18	21	yellow, lime rock				21	60	clay, yellow				60	65	Rock, lime yellow				65	80	Shale Blue				80	84	Rock, yellow lime			
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Depth(s) Groundwater Encountered <u>1</u> <u>80</u> ft. <u>2</u> <u>93</u> ft. <u>3</u> _____ ft. <u>4</u> _____ 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.