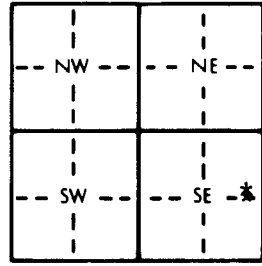


1 LOCATION OF WATER WELL: Fraction NE 1/4 SE 1/4 SE 1/4 Section Number 29 Township Number T 12 S Range Number R X-4 **EW**

Distance and direction from nearest town or city street address of well if located within city?
1 mile East of Chapman, Ks on Hwy 40 & 1/4 mile North

2 WATER WELL OWNER: Mike & Toni Fink
 RR#, St. Address, Box #: 211 Redbud Estates Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Manhattan, Kansas 66502 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

 4 DEPTH OF COMPLETED WELL: 109 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 6.3 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 57 ft. below land surface measured on mo/day/yr 4 / 1 / 97
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 10+ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 9 in. to 109 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 *; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes * No

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 5 in. to 109 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface 20 in., weight 160 lbs./ft. Wall thickness or gauge No. 2.14
 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-PERFORATED INTERVALS: From 59 ft. to 109 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 28 ft. to 109 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout intervals: From 4 ft. to 28 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
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 13 Insecticide storage _____

Direction from well? SOUTH APPROX How many feet? 100

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	DARK TOP SOIL			
2	4	BROWN CLAY			
4	8	LITE COLOR SHALEY CLAY			
8	12	LITE TAN SANDY CLAY			
12	15	LITE COLOR SHALE			
15	24	LITE COLOR LIMESTONE			
24	34	LITE COLOR SHALE			
34	38	LITE COLOR LIMESTONE			
38	41	LITE COLOR SHALE			
41	67	LITE COLOR LIMESTONE			
67	77	DARK HARD LIMESTONE			
77	79	LITE COLOR LIMESTONE			
79	85	DARK LIMESTONE			
85	103	GRAY SHALE			
103	109	LITE COLOR LIMESTONE			

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) 4 / 1 / 97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 397. This Water Well Record was completed on (mo/day/yr) 4 / 4 / 97 under the business name of CENTRAL KANSAS DRILLING by (signature) Harold D. Martin

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.

OFFICE USE ONLY
T
R
EW
SEC.
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1/4
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