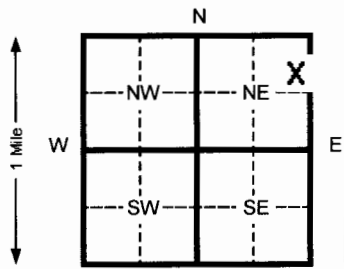


1 LOCATION OF WATER WELL: Fraction **SE 1/4 NE 1/4 NE 1/4** Section Number **23** Township Number **T 12 S** Range Number **R 4 E**  
 County: **Geary**

Distance and direction from nearest town or city street address of well if located within city?  
**I-70 and Milford Road, Junction City KS**

2 WATER WELL OWNER: **Ed Murray/Valley Equipment**  
 RR#, St. Address, Box #: **2413 Milford Lake Rd.** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Junction City, KS. 66441** Application Number:

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



4 DEPTH OF COMPLETED WELL **35** ft. ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 11.5 **26** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ Ft.  
 WELL'S STATIC WATER LEVEL **30.21** ft. below land surface measured on mo/day/yr **1/20/2010**  
 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 **6** in. to **35** ft. and \_\_\_\_\_ in. to \_\_\_\_\_ Ft.  
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 **Monitoring well** **MW-4**  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X** If yes, mo/day/yr sample was Submitted \_\_\_\_\_  
 Water Well Disinfected? Yes \_\_\_\_\_ No **X**

5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) \_\_\_\_\_ Welded \_\_\_\_\_  
 2 **PVC** 4 ABS 7 Fiberglass \_\_\_\_\_ **Threaded** **X**

Blank casing diameter **2** in. to **20** Ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **FLUSH** in., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 **PVC** 10 Asbestos-cement  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) \_\_\_\_\_  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) \_\_\_\_\_

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 1 Continuous slot 3 **Mill slot** 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) \_\_\_\_\_

SCREEN-PERFORATED INTERVALS: From **20** ft. to **35** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 SAND PACK INTERVALS: From **19** ft. to **35** 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 2 **.5** 1.5 **17** Ft. From 3 **17** 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 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)**  
**Contaminated Site**

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

| FROM | TO  | CODE | LITHOLOGIC LOG             | FROM | TO | Plugging Materials |
|------|-----|------|----------------------------|------|----|--------------------|
| 0    | 2   |      | Topsoil, dark brown        |      |    |                    |
| 2    | 4   |      | Silty Clay (CL) dark brown |      |    |                    |
| 4    | 7.5 |      | Shale, reddish brown       |      |    |                    |
| 7.5  | 13  |      | Limestone                  |      |    |                    |
| 13   | 20  |      | Shale, greenish grey       |      |    |                    |
| 20   | 25  |      | Limestone                  |      |    |                    |
| 25   | 31  |      | Shale, greenish grey       |      |    |                    |
| 31   | 35  |      | Limestone                  |      |    |                    |
| 35   | TD  |      | End Borehole               |      |    |                    |
|      |     |      |                            |      |    |                    |
|      |     |      |                            |      |    |                    |
|      |     |      |                            |      |    |                    |
|      |     |      |                            |      |    |                    |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was Completed on (mo/day/yr) **1/19/2010** And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **2/3/2010** under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J Johnson**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.

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