

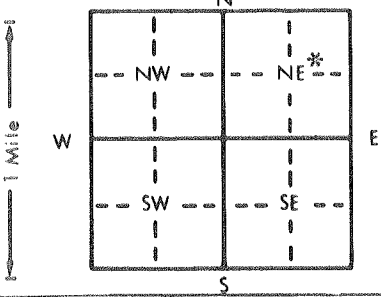
1] LOCATION OF WATER WELL: Fraction SW 1/4 NE 1/4 NE 1/4 Section Number 7 Township Number T 12 S Range Number R 6 **(EW)**
 County: Geary

Distance and direction from nearest town or city street address of well if located within city?

Edge Grandview Plaza

2] WATER WELL OWNER: George Olds Board of Agriculture, Division of Water Resources
 RR#, St. Address, Box #: 938 S Adams Application Number:
 City, State, ZIP Code: Junction City 66441

3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4] DEPTH OF COMPLETED WELL: 130 ft. ELEVATION: _____



Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 69 ft. below land surface measured on mo/day/yr 10/6/87
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 12 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 8 in. to 130 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 Observation 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: 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 _____
 Blank casing diameter 5 in. to 70 ft., Dia. 5 in. to 130 ft., Dia. _____ in. to _____ ft.
 Casing height above land surface 18 in., weight 200 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 70 ft. to 90 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 130 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 0 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
 Direction from well? Open Area How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	7	Brown Clay			
7	25	Limastone & Sand			
25	35	Red Shale			
35	37	Gray Shale			
37	41	Limastone			
41	75	Gray Shale			
75	79	Limestone			
79	130	Gray Shale			

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) 10/10/87 10/8/87 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 234d This Water Well Record was completed on (mo/day/yr) 10/10/87
 under the business name of Blue Valley Drilling by (signature) Betty L. Chader

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.