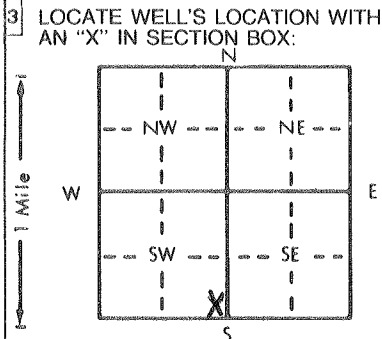


1 LOCATION OF WATER WELL: County: GEARY Fraction: SE 1/4 SE 1/4 SW 1/4 Section Number: 2 Township Number: T 13 S Range Number: R 5 E/W

Distance and direction from nearest town or city street address of well if located within city?
2 MILES WEST AND 4 MILES SOUTH OF JUNCTION CITY

2 WATER WELL OWNER: MR. DAVID BRADLEY
 RR#, St. Address, Box #: 1902 SIOUX ST. Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: JUNCTION CITY, KS. 66441 Application Number: _____



4 DEPTH OF COMPLETED WELL: 204 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 174 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 140.2 ft. below land surface measured on mo/day/yr: 12/11/97
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: 6.1 gpm; Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 8.625 in. to 204 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 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) 6 Asbestos-Cement 9 Other (specify below) CASING JOINTS: Glued Clamped _____
 2 PVC 4 ABS 7 Fiberglass _____ Welded _____
 Blank casing diameter: 5 in. to 164 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 18 in., weight _____ lbs./ft. Wall thickness or gauge No. SDR 26
 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) _____
 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 164 ft. to 204 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 30 ft. to 204 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 3 ft. to 30 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? EAST How many feet? ~1500

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7	CLAY, BRN.			
7	18	LIMESTONE, YELLOW/TAN			
18	22	SHALE, GRAY			
22	39	LIMESTONE, GRAY			
39	52	CHERTY LIMESTONE			
52	55	MUDSTONE, DK. GRAY			
55	68	SHALE, GRAY			
68	88	SHALE, BROWN			
88	111	SHALE, GRAY			
111	127	LIMESTONE, GRAY			
127	165	SHALE, GRAY			
165	177	LIMESTONE			
177	204	SHALE, GRAY			
	204	END OF BOREHOLE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 12/11/97 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) 12/12/97 under the business name of Associated Environmental, Inc. by (signature) [Signature]

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.