

1 LOCATION OF WATER WELL
 County: OSAGE Fraction: SE 1/4 SE 1/4 NE 1/4 Section Number: 25 Township Number: T 14 S Range Number: R 15 E/W

Distance and direction from nearest town or city? 1/2 SOUTH CARBONDALE
 Street address of well if located within city?

2 WATER WELL OWNER: CHRIS ARMSTRONG
 RR#, St. Address, Box #: 220 CENTRAL
 City, State, ZIP Code: CARBONDALE KS. 66414
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: 149 ft. Bore Hole Diameter: 8 1/2 in. to 31 ft., and 6 1/4 in. to 149 ft.

Well Water to be used as:
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)

Well's static water level: 42 ft. below land surface measured on JULY month 4 day 80 year

Pump Test Data: Well water was _____ ft. after _____ hours pumping. BAILED gpm
 Est. Yield 2 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

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

Blank casing dia: SDA 21.5 in. to 20 ft., Dia: 5 RMP in. to 149 ft., Dia _____ in. to _____ ft.
 Casing height above land surface: _____ in., weight _____ lbs./ft. Wall thickness or gauge No. 200

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

Screen or Perforation Openings Are:
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 3 1/8 11 None (open hole) 10 Other (specify)

Screen-Perforation Dia: 5 in. to 149 ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 42 ft. to 149 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: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From 0 ft. to 31 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) POND 100'

Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes No

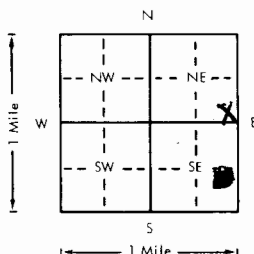
Was a chemical/bacteriological sample submitted to Department? Yes BY OWNER No _____ If yes, date sample was submitted JULY month 17 day 80 year Pump Installed? Yes TEST PUMP No FORM W. SAMPLE

If Yes: Pump Manufacturer's name JACUZZI Model No. 3511A HP 1/2 Volts 230
 Depth of Pump Intake 146 ft. Pumps Capacity rated at 3 To 1 1/2 gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on JULY month 4 day 80 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 119A
 This Water Well Record was completed on OCT month 25 day 1980 year under the business name of JUNGMANN PROS DRILLING CO by (signature) [Signature]

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



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	SOIL	101	102	LIME
1	12	CLAY	102	110	SANDY SHALE
12	36	SHALE	110	118	SHALE
36	40	LIME	118	120	LIME
40	42	LIME DAMN BACTEN	120	135	SHALE
42	45	LIME	135	138	LIME
45	66	SHALE	138	141	SHALE
66	67	LIME	141	149	LIME
67	80	SANDY SHALE			
80	82	LIME			
82	101	SHALE			

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 40 ft. 2. 42 ft. 3. _____ ft. 4. _____ 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.

OFFICE USE ONLY
T 14
R 15
SEC. 5
SE 1/4
SE 1/4
NE 1/4