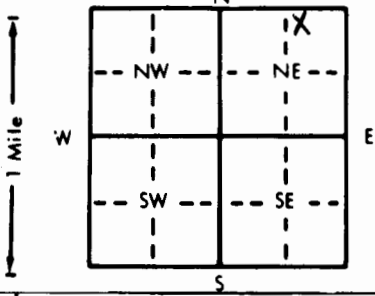


1 LOCATION OF WATER WELL: County: **OSAGE** Fraction: **NW 1/4 NE 1/4** Section Number: **29** Township Number: **T 14 S** Range Number: **R 16 E**

Distance and direction from nearest town or city street address of well if located within city?
1/2 EAST CAMBODALE

2 WATER WELL OWNER: **BRAD S. CAMPBELL**
 RR#, St. Address, Box #: **RR 1 BOX 108A**
 City, State, ZIP Code: **CAMBODALE KS 66414**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:
 4 DEPTH OF COMPLETED WELL: **177** ft. ELEVATION:



Depth(s) Groundwater Encountered: **1. 15** ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: **15** ft. below land surface measured on **OCT 19-88**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: **300** gpm
 Bore Hole Diameter: **10** in. to **29** ft. and **6 1/4** in. to **177** ft.
 WELL WATER TO BE USED AS:
 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:
 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 **16** ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.
 Casing height above land surface: **24** in., weight: **S.O.M. 26** lbs./ft. Wall thickness or gauge No. _____

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 10 Other (specify) _____
 7 Torch cut

SCREEN-PERFORATED INTERVALS: From **16** ft. to **177** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **15** ft. to **177** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grout Intervals: From **0** ft. to **15** 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** How many feet? **100**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	SOIL	91	101	LIME
1	14	CLAY YELLOW	101	105	SHALE
14	15	SANDY CLAY WATER	105	107	LIME
15	16	LIME	107	110	SHALE BLACK
16	19	SHALE BROKEN LIME	110	121	LIME WHITE
19	36	LIME	121	121	SHALE
36	40	SHALE	125	130	LIME
40	44	LIME	130	132	SHALE
44	54	SHALE	132	140	LIME
54	57	LIME	140	177	SHALE
57	59	SHALE			
59	69	LIME			
69	80	SHALE			
80	89	LIME			
89	91	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) **OCT 19-88** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **119** This Water Well Record was completed on (mo/day/yr) **OCT 19-88**

under the business name of **JUNGMAN PROSODMILLING CO** by (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 two copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-882-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
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 SEC.