

1 LOCATION OF WATER WELL
 County: Chase Fraction SW 1/4 SW 1/4 NW 1/4 Section Number 1 Township Number T 22 S Range Number R 6 E
 Distance and direction from nearest town or city? 2 E 3/4 N Wauseo Street address of well if located within city?

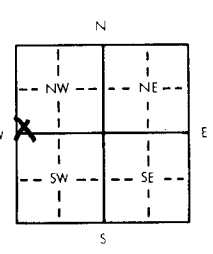
2 WATER WELL OWNER: Cotton Rodgers
 RR#, St. Address, Box #: RR- Cedar Point Ks. 66843 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Cedar Point Ks. 66843 Application Number: NA

3 DEPTH OF COMPLETED WELL: 125' ft. Bore Hole Diameter: 10" in. to 14' ft. and 8" in. to 125' ft.
 Well Water to be used as:
 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well Stock Water
 Well's static water level: 10' ft. below land surface measured on 12 month 16 day 80 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 1/2 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped _____
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing dia: 6" in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: 12" in. weight 160 lbs./ft. Wall thickness or gauge No. 38
 TYPE OF SCREEN OR PERFORATION MATERIAL: PVC 10 Asbestos-cement
 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are:
 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 2 Torched 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia: 6" in. to 21 ft. Dia 21 in. to 125 ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 11 ft. to 20 ft. From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 20 ft. to 10 ft. From _____ ft. to _____ ft.

5 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 0 ft. to 10 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 Lateral lines 6 Pit privy Livestock pens 12 Insecticide storage 16 Other (specify below)
 13 Watertight sewer lines
 Direction from well: South How many feet: 15 ? Water Well Disinfected? Yes No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample
 was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ 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 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was
 completed on 12 month 17 day 80 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 203
 This Water Well Record was completed on 12 month 17 day 80 year under the business
 name of Ms-Nec Drilling by (signature) Jayme

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

 FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG
0 1 TS BRK 100 109 LS Brn Gray Chert
1 10 CL Brn. 109 125 Sh Dense Gray
10 14 CL yellow w - G open Hole From
14 19 Siltstone Gray 21 - 125'
19 64 LS w Chert Gray
64 69 LS Brn. Dense
69 81 LS Gray Dense
81 95 Calc Sh Gray
95 98 Sh Green
98 100 Sh Red.

ELEVATION:
 Depth(s) Groundwater Encountered 1. 14 ft. 2. 64 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

R

SEC. 1

SW 1/4

SE 1/4

NW 1/4

NE 1/4