	1E E/W
Distance and direction from nearest town or city street address of well if located within city?  705 S. ABILENE; VALLEY CENTER  2 WATER WELL OWNER: LYNN O'DONNELL  RR#, St. Address, Box # : 705 S. ABILENE  City, State, ZIP Code : VALLEY CENTER, KS  3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL  4 DEPTH OF COMPLETED WELL  4 Tt. ELEVATION:	
705 S. ABILENE; VALLEY CENTER  2 WATER WELL OWNER: LYNN O'DONNELL  RR#, St. Address, Box # : 705 S. ABILENE  City, State, ZIP Code : VALLEY CENTER, KS  3 LOCATE WELL'S LOCATON WITH 4 DEPTH OF COMPLETED WELL  40 ft. ELEVATION:	Water Resources
WATER WELL OWNER: LYNN O'DONNELL  RR#, St. Address, Box # : 705 S. ABILENE  City, State, ZIP Code : VALLEY CENTER, KS  Application Number:  3 LOCATE WELL'S LOCATON WITH 4 DEPTH OF COMPLETED WELL  40 ft. ELEVATION:	Water Resources
RR#, St. Address, Box # : 705 S. ABILENE  City, State, ZIP Code : VALLEY CENTER, KS  Application Number:  3 LOCATE WELL'S LOCATON WITH A DEPTH OF COMPLETED WELL  4 DEPTH OF COMPLETED WELL  4 DEPTH OF COMPLETED WELL  4 DEPTH OF COMPLETED WELL	Water Resources
City, State, ZIP Code : VALLEY CENTER, KS  3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL	
3 LOCATE WELL'S LOCATON WITH 4 DEPTH OF COMPLETED WELL 40 ft. ELEVATION:	Trains Moderator
3 AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL 40 ft. ELEVATION:	
N Depth(s) Groundwater Encountered 1 14 ft. 2 ft. 3	
A MILLIO OTATIO MATERIALEM 14	ft.
T I I VVELLS STATIC WATER LEVEL 14 IT below land surface measured on molday/vr	10/7/04 g gpm ft.
Pump test data: Well water was ft. after hours pumping	9 gpm
Est. Yield gpm: Well water was ft. after hours pumping  Well water was ft. after hours pumping  Bore Hole Diameter 10 in. to 40 ft. and in. to	Jgpm
Bore Hole Diameter 10 in. to 40 ft. and in. to	ft.   ;
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Inject 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other	r (Specify below)
2 Irrigation 4 Industrial Lawn and garden (domestic) 10 Monitoring well	(opcomy bolom)
Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mo/day	w/w completions
Submitted Vvater vveil Districted? Yes X	
5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X	
Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded	
(PVC) 4 ABS 7 Fiberglass Threaded	
Blank casing diameter 5 in. to 40 ft., Dia in. to ft., Dia in. to Casing height above land surface 16 160 bs./ft. Wall thickness or gauge No.	ft.
Casing height above land surface 16 160	26
TYPE OF SCREEN OR PERFORATION MATERIAL: (1900) 10 Aspestos-cement	i
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)	
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 No	
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 30 ft. to 40 ft. From ft. to	ft.
From ft. to ft. From ft. to	
GRAVEL PACK INTERVALS: From 24 ft. to 40 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 4 ft. to 24 ft. From ft. to ft. From ft. to	
What is the nearest source of possible contamination:  10 Livestock pens 14 Abandone	
	city below)
	A1.C
FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVA	ALS
3 17 TAN CLAY	
17 40 MED/COARSE SAND/GRAVEL	
IN INICOLATE ONITO/OILATE	
DEAL	11/50
RECE	IVED
NOV 0 8	3 2004
BUREAU OF	E WATER
SONEAGO!	UALLA
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my juri	sdiction and was
completed on (mo/day/yr)  10/7/04  and this record is true to the best of my knowledge and	
With Mark Control of the Control of	l l
water well contractor's License No.	10/10/07
under the business name of CHASE DRILLING by (signature) R. Market INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of	Mater 1000 C14/