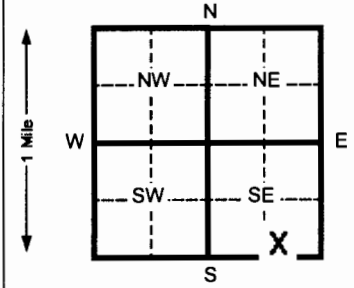


1 LOCATION OF WATER WELL: Fraction **SW 1/4 SE 1/4 SE 1/4** Section Number **10** Township Number **T 25 S** Range Number **R 15 E**
 County: **Woodson**

Distance and direction from nearest town or city street address of well if located within city?
Turner and Rutledge, Yates Center, KS

2 WATER WELL OWNER: **Woodson County Coop Attn: D. Locke**
 RR#, St. Address, Box #: **Box 308** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Yates Center, KS 66783** Application Number:

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



4 DEPTH OF COMPLETED WELL **9** ft. ELEVATION:
 Depth(s) Groundwater Encountered **11.5** ft. **2** ft. **3** ft. **ft.**
 WELL'S STATIC WATER LEVEL **ft. below land surface measured on mo/day/yr 01/31/12**
 Pump test data: Well water was **ft. after** **hours pumping** **Gpm**
 Est. Yield **Gpm:** Well water was **ft. after** **Hours pumping** **Gpm**
 Bore Hole Diameter **8.625** In. to **9** ft. and **in. to** **ft.**
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 **Monitoring well MW-12**
 Was a chemical/bacteriological sample submitted to Department? Yes **No X** If yes, mo/day/yr sample was Submitted **Water Well Disinfected? Yes No X**

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 X**
 Blank casing diameter **2** in. to **4** Ft., Dia **in. to** **ft., Dia** **in. to** **ft.**
 Casing height above land surface **FLUSH** In., weight **SCH 40** Lbs./ft. Wall thickness or gauge No.
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 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:
 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 **4** ft. to **9** ft. From **ft.** to **ft.**
 From **ft.** to **ft.** From **ft.** to **ft.**
 SAND PACK INTERVALS: From **3** ft. to **9** 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 **2 0.5** ft. to **1** Ft. From **3 1** Ft. to **3** 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) Contaminated Site**
 13 Insecticide storage
 Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1		Gravel			
1	6		Silty Clay			
6	8		Shale			
8	9		Limestone			
9	TD		End of Borehole			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w
 Completed on (mo/day/yr) **01/31/12** 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) **02/22/12**
 under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J. Johnson**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.

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