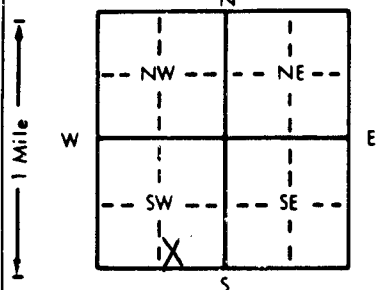


1 LOCATION OF WATER WELL: Fraction **SW 1/4 SE 1/4 SW 1/4** Section Number **27** Township Number **T 2 S** Range Number **R 15 E EW**  
 County: **Brown**

Distance and direction from nearest town or city street address of well if located within city?

**West side of Standard station**

2 WATER WELL OWNER: **KDHE-BER**  
 RR#, St. Address, Box # : **Building 740, Forbes Field** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Topeka, Kansas 66620** Application Number:

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


4 DEPTH OF COMPLETED WELL: **29** ft. ELEVATION: **1216**  
 Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.  
 WELL'S STATIC WATER LEVEL **16.7** ft. below land surface measured on mo/day/yr **11/3/94**  
 Pump test data: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm  
 Est. Yield **NA** gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm  
 Bore Hole Diameter **8** in. to **29** ft., and . . . . . in. to . . . . . ft.  
 WELL WATER TO BE USED AS:  
 5 Public water supply 8 Air conditioning 11 Injection well  
 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** Monitoring well . . . . .  
 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)  6 Asbestos-Cement  9 Other (specify below)  Welded . . . . .  
 2 PVC  4 ABS  7 Fiberglass . . . . .  Threaded . . . . .  
 Blank casing diameter **2** in. to **14** ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface **-4.6** in., weight . . . . . lbs./ft. Wall thickness or gauge No. **Sch. 40**  
 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  2 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 **14** ft. to **29** ft., From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 GRAVEL PACK INTERVALS: From **12** ft. to **29** 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 **0** ft. to **10** ft., From **10** ft. to **12** 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  **UST**  
 Direction from well? **0** How many feet? **0**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7	Clay, Dark to Dark Medium Brown			MWSS
7	12	Clay, Medium Brown			GeoCore # 114085 Flush-mount Cover
12	23	Clay, Medium Red Brown			KDHE # 04007074 Tag # 00112392
23	26	Limestone, Medium Brown Gray			
26	29	Shale, Gray Green			

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) **11/3/94** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **12/2/94** under the business name of **GeoCore Services, Inc.** by (signature) *Dale Roll*

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.