

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Brown</b>		<b>NW</b> $\frac{1}{4}$ <b>NE</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$		<b>34</b>		<b>T</b> <b>2</b> <b>S</b>		<b>R</b> <b>15</b> <b>E</b> <b>E/W</b>	
Distance and direction from nearest town or city street address of well if located within city?									
<b>Old Mobile Station</b>									
2 WATER WELL OWNER:		<b>KDHE-BER</b>							
RR#, St. Address, Box # :		<b>Building 740, Forbes Field</b>							
City, State, ZIP Code :		<b>Topeka, Kansas 66620</b>							
		Board of Agriculture, Division of Water Resources							
		Application Number: <b>1223</b>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>88</b> ft. ELEVATION: <b>11/3/94</b>							
		Depth(s) Groundwater Encountered 1. <b>68.3</b> ft. 2. <b>11/3/94</b> ft. 3. <b>11/3/94</b> ft.							
		WELL'S STATIC WATER LEVEL ..... ft. below land surface measured on mo/day/yr							
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm							
		Est. Yield <b>NA</b> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm							
		Bore Hole Diameter ..... in. to ..... ft. and ..... in. to ..... ft.							
		WELL WATER TO BE USED AS:							
		1 Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      11 Injection well 2 Irrigation      4 Industrial      7 Lawn and garden only      10 Monitoring well      12 Other (Specify below)							
		Was a chemical/bacteriological sample submitted to Department? Yes.....No..... <b>X</b> .....; If yes, mo/day/yr sample was submitted							
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued ..... Clamped .....							
1 Steel <input checked="" type="radio"/> 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass		8 Concrete tile 9 Other (specify below) ..... Welded ..... Threaded..... <b>X</b> .....							
Blank casing diameter ..... in. to <b>58</b> ft., Dia ..... in. to ..... ft., Dia ..... in. to <b>Sch. 40</b> ft.									
Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. ....									
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="radio"/> PVC      10 Asbestos-cement 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 <input checked="" type="radio"/> 2 Mill slot      5 Gauzed wrapped      8 Saw cut      11 None (open hole) 3 Louvered shutter      4 Key punched      6 Wire wrapped      9 Drilled holes 7 Torch cut      10 Other (specify) .....							
SCREEN-PERFORATED INTERVALS:		From ..... <b>58</b> ft. to ..... <b>88</b> ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.							
GRAVEL PACK INTERVALS:		From ..... <b>55</b> ft. to ..... <b>90</b> ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.							
6 GROUT MATERIAL:		1 Neat cement <input checked="" type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite      4 Other ..... Grout Intervals: From ..... <b>0</b> ft. to ..... <b>15</b> ft., From ..... <b>15</b> ft. to ..... <b>55</b> ft., From ..... ft. to ..... ft.							
What is the nearest source of possible contamination:		10 Livestock pens      14 Abandoned water well 11 Fuel storage      15 Oil well/Gas well 12 Fertilizer storage <input checked="" type="radio"/> 16 Other (specify below) <b>UST</b> 13 Insecticide storage      0							
Direction from well? <b>0</b>		How many feet? <b>0</b>							
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS			
<b>0</b>	<b>0.5</b>	<b>Asphalt,</b>				<b>MW61</b>			
<b>0.5</b>	<b>6</b>	<b>Clay, Dark Brown</b>				<b>GeoCore # 114085 Flush-Mount Cover</b>			
<b>6</b>	<b>16</b>	<b>Clay, Medium Gray to Green Gray</b>				<b>KDHE # 04007074 Tag # 00112385</b>			
<b>16</b>	<b>22</b>	<b>Limestone, Light Gray Brown</b>		<b>88</b>	<b>90</b>	<b>Shale, Medium Gray</b>			
<b>22</b>	<b>25</b>	<b>Shale, Gray Green</b>							
<b>25</b>	<b>30</b>	<b>Limestone, Medium Gray Brown</b>							
<b>30</b>	<b>38</b>	<b>Shale, Green to Gray Green</b>							
<b>38</b>	<b>48</b>	<b>Shale, Green to Gray Green</b>							
<b>48</b>	<b>53</b>	<b>Shale, Red to Maroon</b>							
<b>53</b>	<b>60</b>	<b>Shale, Green, Red, and Maroon</b>							
<b>60</b>	<b>66</b>	<b>Limestone, Light Gray Brown</b>							
<b>66</b>	<b>71</b>	<b>Shale, Medium to Light Gray</b>							
<b>71</b>	<b>76</b>	<b>Shale, Dark Gray to Black</b>							
<b>76</b>	<b>77</b>	<b>Limestone, Light Brown</b>							
<b>77</b>	<b>78</b>	<b>Interbedded Limestone and Shale,</b>							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... <b>11/3/94</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <b>527</b> ..... This Water Well Record was completed on (mo/day/yr) ..... <b>12/2/94</b> ..... under the business name of <b>GeoCore Services, Inc.</b> by (signature) <i>Dale Roll</i>									
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.									