1 LOCATION OF WATER WELL:

	Fraction	Section Number	Township Number	Range Number
County: COWLEY	SW ¼ NE ¼ NE ¼	9	T 30S S	R 3E E/W

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

1 mile South of 119th So, 2 miles East of Rosehill Rd, ¼ So, ¼ E.   Rosehill, KS.

2 WATER WELL OWNER: Joe Goyer

RR#, St. Address, Box # : R#2   Box 86-1

City, State, ZIP Code : Udall, KS. 67146

Board of Agriculture, Division of Water Resources

Application Number:

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

```
        N
  +----+----+
  | NW |  X |
  |    | NE |
W +----+----+ E
  | SW | SE |
  +----+----+
        S
```
1 Mile / 1 Mile
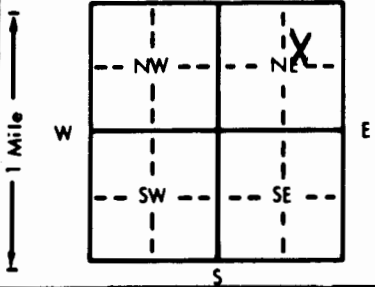
4 DEPTH OF COMPLETED WELL.......52.....ft. ELEVATION: ....

Depth(s) Groundwater Encountered 1.......20.........ft. 2.............ft. 3.............ft.

WELL'S STATIC WATER LEVEL ....20.....ft. below land surface measured on mo/day/yr .....9-3-85....

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..11.....in. to ....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 Observation well   ....

Was a chemical/bacteriological sample submitted to Department? Yes...........No......X....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes X X No

5 TYPE OF BLANK CASING USED:

1 Steel	5 Wrought iron	8 Concrete tile
3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass

CASING JOINTS: Glued ...X.XClamped......

Welded ....

Threaded..................

Cer-Mac Styrene SDR-26

Blank casing diameter .....5.......in. to .32.........ft, Dia ....in. to ....ft, Dia ....in. to ....ft.

Casing height above land surface.........12....in., weight.....1.59.........lbs./ft. Wall thickness or gauge No. ....203......

TYPE OF SCREEN OR PERFORATION MATERIAL:

			7 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	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.........32....ft. to.....52........ft., From...........ft. to............ft.

From...........ft. to...........ft., From...........ft. to............ft.

GRAVEL PACK INTERVALS: From.........14....ft. to.....52........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....14.....ft., From...........ft. to...........ft., From...........ft. to............ft.

What is the nearest source of possible contamination:

			10 Livestock pens	14 Abandoned water well
1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	None Apparent

Direction from well?   How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0				
0	3	Topsoil			
3	20	Brown Shale			
20	52	Gray Shale			

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) ....9-3-85.......... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .Harp.Well.&.Pumps 236 This Water Well Record was completed on (mo/day/yr) .....3-30-86...... under the business name of   by (signature) Mary Arnold

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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY   T   R   EW   SEC.   ¼   ¼   ¼