

1	LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: <b>Marshall</b>	<b>SE</b> ¼ <b>SW</b> ¼ <b>SW</b> ¼	<b>28</b>	<b>T 4 S</b>	<b>R 8 (EW)</b>

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

**5 ½ East, 1 South & ¼ East of Blue Rapids**

2	WATER WELL OWNER: <b>Tom Northrop / N Scheidt</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #	<b>: 3433 Chimney Rock Rd</b>	Application Number:
City, State, ZIP Code	<b>: Manhattan, Ks 66503</b>	

3	LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF COMPLETED WELL ..... <b>1.60</b> ..... ft. ELEVATION: .....
		Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft. WELL'S STATIC WATER LEVEL ..... <b>32</b> ..... ft. below land surface measured on mo/day/yr ..... <b>9/17/04</b> ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield ..... <b>1</b> ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm 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 Domestic (lawn & garden) 10 Monitoring well <b>Livestock</b>	
		Was a chemical/bacteriological sample submitted to Department? Yes ..... No <b>*</b> .....; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <b>*</b> ..... No	

5	TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <b>*</b> ..... Clamped .....
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded .....
2 PVC	4 ABS	7 Fiberglass		Threaded .....
Blank casing diameter	..... <b>5</b> ..... in. to ..... <b>40</b> ..... ft., Dia	..... in. to ..... ft., Dia	..... in. to ..... ft., Dia	
Casing height above land surface	..... <b>1.8</b> ..... in., weight	..... <b>2.00</b> ..... lbs./ft. Wall thickness or gauge No. ....	..... <b>265</b> .....	
TYPE OF SCREEN OR PERFORATION MATERIAL:		5 Fiberglass	7 PVC	10 Asbestos-Cement
1 Steel	3 Stainless Steel	6 Concrete tile	8 RMP (SR)	11 Other (Specify) .....
2 Brass	4 Galvanized Steel		9 ABS	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) .....	ft.
SCREEN-PERFORATED INTERVALS:	From ..... <b>40</b> ..... ft. to ..... <b>60</b> ..... ft., From ..... ft. to ..... ft.			
GRAVEL PACK INTERVALS:	From ..... <b>1.40</b> ..... ft. to ..... <b>1.60</b> ..... ft., From ..... ft. to ..... ft.			
	From ..... <b>3.0</b> ..... ft. to ..... <b>1.60</b> ..... 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 ..... <b>5</b> ..... ft. to ..... <b>30</b> ..... 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)	
Direction from well? <b>None Present</b>			How many feet?		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	11	Brown Clay			
11	14	Limestone			
14	41	Gray Shale			
41	49	Gypsum			
49	63	Gray Shale			
63	68	Red Shale			
68	162	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) ..... <b>9/17/04</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No ..... <b>5.18</b> ..... This Water Well Record was completed on (mo/day/yr) ..... <b>10/1/04</b> ..... under the business name of <b>Blue Valley Drilling</b> by (signature) <i>Eric Stueb</i>
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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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.