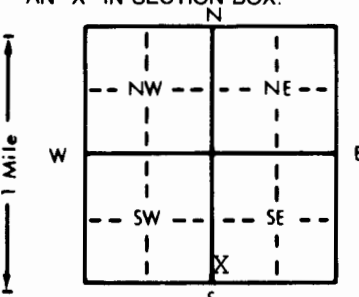


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number  
 County: NEMAHA SW 1/4 SW 1/4 SE 1/4 30 T 5 S R 14 EW

Distance and direction from nearest town or city street address of well if located within city?  
 2 south 5/8 east of Bancroft

2 WATER WELL OWNER: Randy Henry  
 RR#, St. Address, Box # : Rt. 1 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Goff, KS 66428 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: 100 ft. ELEVATION:  

 Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.  
 WELL'S STATIC WATER LEVEL . 54' . . . . . ft. below land surface measured on mo/day/yr . . . 9-12-95 . . . . .  
 Pump test data: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm  
 Est. Yield <sup>7+</sup> . . . . . gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm  
 Bore Hole Diameter . 8 3/4 . 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 Monitoring well . . . . .  
 Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No X . . . . .; If yes, mo/day/yr sample was sub-  
 mitted Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped . . . . .  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .  
 2 PVC 4 ABS 7 Fiberglass . . . . . Threaded . . . . .  
 Blank casing diameter . . . . . 5" . . . . . in. to . . . . . 0-54 . . . . . ft., Dia . . . . . 5" . . . . . in. to . . . . . 94-100 . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface . . . . . 24" . . . . . in., weight . . . . . 2.82 . . . . . lbs./ft. Wall thickness or gauge No. . . . . 258  
 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: 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) . . . . .  
 SCREEN-PERFORATED INTERVALS: From . . . . . 54 . . . . . ft. to . . . . . 94 . . . . . ft., From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 GRAVEL PACK INTERVALS: From . . . . . 24 . . . . . ft. to . . . . . 100 . . . . . 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 . . . . . 54 . . . . . ft. to . . . . . 94 . . . . . ft., From . . . . . ft. to . . . . . 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 . . . . .  
 Direction from well? north How many feet? 200'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil	83	93	Limestone-Grey
1	17	Clay-Brown	93	97	Shale-Grey
17	19	Fine Sand-Coarse Sand-Brown	97	100	Limestone-Grey
19	28	Clay-Grey			
28	30	Fine Sand-Coarse Sand-Med-Pea-Brown			
30	54	Shale-Grey			
54	60	Limestone-Tan-White-Loose			
60	64	Shale-Tan			
64	67	Shale-Black			
67	69	Limestone-Tan			
69	71	Shale-Yellow			
71	72	Limestone-Tan			
72	78	Shale-Grey			
78	81	Limestone-Tan			
81	83	Shale-Grey			

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) . . . . . 9-12-95 . . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . . 182 . . . . . This Water Well Record was completed on (mo/day/yr) 10-16-95 . . . . . under the business name of STRADER DRILLING CO., INC. by (signature) Dale Strader

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.

OFFICE USE ONLY T R E/W SEC. 1/4 1/4 1/4