

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Marshall		SE 1/4 SW 1/4 NW 1/4		12		T 5 S		R 7 (B/W)	
Distance and direction from nearest town or city street address of well if located within city?									
Blue Rapids: 2 East on Vista Rd., 1 South on 11th Rd., 1 1/2 East on Zenith, 1/2 South									
2 WATER WELL OWNER: Hedge Lawn Farms/ Don Kotapish									
RR#, St. Address, Box # : 2517 8th Rd					Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : Blue Rapids, KS 66411					Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL 68 ft. ELEVATION:						
<div style="text-align: center;">N - - NW - - - NE - - * - - SW - - - SE - - S W E</div>			Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.						
			WELL'S STATIC WATER LEVEL 38 ft. below land surface measured on mo/day/yr 10/15/04						
			Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm						
			Est. Yield 100 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm						
WELL WATER TO BE USED AS:									
1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well									
2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
7 Domestic (lawn & garden) 10 Monitoring well Water supply									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No * ; If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes * No									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued * Clamped									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass Threaded _____									
Blank casing diameter 5 in. to 48 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface 18 in., weight 200 lbs./ft. Wall thickness or gauge No. 265									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 10 Asbestos-Cement									
2 Brass 4 Galvanized Steel 6 Concrete tile 8 RMP (SR) 11 Other (Specify) _____									
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) _____ ft.									
SCREEN-PERFORATED INTERVALS: From 48 ft. to 68 ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 5 ft. to 68 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 5 ft. to 25 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? None Present How many feet?									
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
0 3 Topsoil									
3 19 Brown Clay									
19 26 Gravel									
26 35 Sand (Fine/Yellow)									
35 68 Sand (Med.-Course/Yellow)									
68 74 Sand (Fine-Med./Yellow)									
74 82 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) 10/15/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 518 This Water Well Record was completed on (mo/day/yr) 10/25/04 under the business name of Blue Valley Drilling by (signature) _____									
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.									