

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Jackson</b>	<b>SW 1/4 NW 1/4 NE 1/4</b>	<b>6</b>	<b>T 6 S</b>	<b>R 14 E W</b>

Distance and direction from nearest town or city street address of well if located within city?  
**4 North 2 West of Circleville**

2 WATER WELL OWNER: **Bill Rolfe**  
 RR#, St. Address, Box # : **P.O. Box 327**  
 City, State, ZIP Code : **20857 W Rd Holton, Ks. 66436**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL ..... <del>128</del> <b>149</b> ft. ELEVATION: .....
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Depth(s) Groundwater Encountered **1** ft. 2 ..... ft. 3 ..... ft.

WELL'S STATIC WATER LEVEL ..... **92** ft. below land surface measured on mo/day/yr ..... **7-7-04**

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield ..... **12** gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

WELL WATER TO BE USED AS:

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	

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

Water Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <b>X</b> Clamped .....
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded .....
		7 Fiberglass		Threaded .....

Blank casing diameter ..... **5**" in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface ..... **24**" in., weight ..... **2.82** lbs./ft. Wall thickness or guage No. **.258**

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 **1.29** ft. to **1.49** ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From **2.0** ft. to **1.49** ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....

Grout Intervals: From **0** ft. to **2.0** 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? **EW East** How many feet? **100'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	top soil	<del>107</del> <b>110</b>	113	shale grey
1	8	clay brown sandy	113	115	limestone tan
8	31	clay yellow	115	117	shale tan grey
31	74	clay grey	117	128	shale grey
74	76	shale grey	128	130	limestone yellow tan
76	82	limestone tan	130	132	shale tan grey
82	84	shale grey limy	132	141	limestone tan loose
84	87	shale tan limy	141	142	limestone grey
87	90	shale black	142	149	shale <del>black</del> black
90	96	limestone tan			
96	100	shale tan			
100	103	limestone grey			
103	105	shale grey			
105	107	limestone 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) **7-13-04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No **182** This Water Well Record was completed on (mo/day/yr) **7-13-04** under the business name of **Strader Drilling Co., Inc.** by (signature) *Jim Strader*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answer. 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.