LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Clay	NE W¼ NE ¼ NW ¼	29	T 6 S	R 2-4 E E/W

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

5 Miles North - 1/2 Mile East of Green

WATER WELL OWNER: Stanley Roberts

RR#, St. Address, Box # : Route 1   Board of Agriculture, Division of Water Resources

City, State, ZIP Code   : Green, Kansas 67447   Application Number:

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

```
        N
   |  X  |     |
-- NW -- | -- NE --
   |     |     |
W  |     |     | E
   |     |     |
-- SW -- | -- SE --
   |     |     |
        S
```
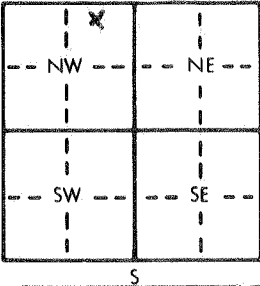
4 DEPTH OF COMPLETED WELL.... 40' .... ft. ELEVATION: ....

Depth(s) Groundwater Encountered 1.... 27' .... ft. 2. .... ft. 3. 10-30-81 ....ft.

WELL'S STATIC WATER LEVEL ... 22' .... ft. below land surface measured on mo/day/yr 10-30-81 ......

Pump test data: Well water was 40' ...... ft. after ... 3/4 .... hours pumping .. 20 ...... gpm

Est. Yield ... 20 ... gpm; Well water was .... ft. after .... hours pumping ...... gpm

Bore Hole Diameter.. 8" ..... in. to ...... 40' ....ft., and.................in. to ....ft.

WELL WATER TO BE USED AS: 5 Public water supply   8 Air conditioning   11 Injection well

X 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   No

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 ....

X 2 PVC   4 ABS   7 Fiberglass   ....   Threaded..............

Blank casing diameter ... 5" .... in. to .. 30' .... ft., Dia ....in. to ....ft., Dia ....in. to ......ft.

Casing height above land surface..... 12" .....in., weight .... 3 .... lbs./ft. Wall thickness or gauge No. .258

TYPE OF SCREEN OR PERFORATION MATERIAL: X 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   X 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 40'   10 Other (specify) ....

SCREEN-PERFORATED INTERVALS: From...... 30' .....ft. to .... 40' ......ft., From .... ft. to ....ft.

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

GRAVEL PACK INTERVALS: From...... 10' .....ft. to .... 40' ......ft., From .... ft. to ....ft.

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

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

Grout Intervals: From.... 0 ......ft. to .... 10 .... ft., From .... ft. to......... ft., From .... ft. to ....ft.

What is the nearest source of possible contamination: NONE   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   ....

Direction from well?   How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	27	Top Soil, Clay, Silt			
27	38	Creek gravel, Sand, Clay			
38	40	Red Clay			

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 - 30 - 81 .... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 361 ...... This Water Well Record was completed on (mo/day/yr) 11 - 3 - 81 under the business name of Cox-Beswick Irrigation Service, Inc.   by (signature) _James Cox_

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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.