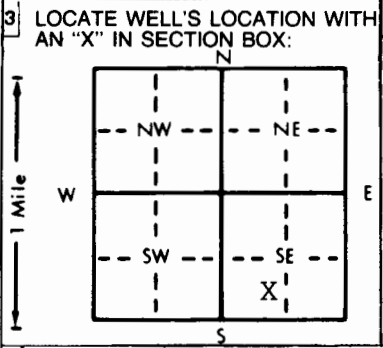


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: POTTAWATOMIE	SE 1/4 SW 1/4 SE 1/4	22	T 6 S	R 7 EW

Distance and direction from nearest town or city street address of well if located within city?
5 north, 1/2 west of Oldsburg, KS

2 WATER WELL OWNER: **Pottawatomie Co. RWD #2**
 RR#, St. Address, Box #: **Rt. 1 Box 36** WELL #1 - North Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Oldsburg, KS 66520** Application Number:



4 DEPTH OF COMPLETED WELL: **98'** ft. ELEVATION:

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **37'-2"** ft. below land surface measured on mo/day/yr **2/11/97**

Pump test data: Well water was **40'-7"** ft. after **12** hours pumping **457** gpm
 Est. Yield **457** gpm: Well water was **39'-11"** ft. after **24** hours pumping **457** gpm
 Bore Hole Diameter: **30"** 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
2 Irrigation	4 Industrial	7 Lawn and garden only
		9 Dewatering
		10 Monitoring well
		12 Other (Specify below)

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 <input checked="" type="checkbox"/>
		7 Fiberglass		Threaded _____

Blank casing diameter **12"** in. to **0-75** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface _____ in., weight **49.56** lbs./ft. Wall thickness or gauge No. **375**

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: **JOHNSON**

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)	

SCREEN-PERFORATED INTERVALS: From **75** ft. to **95** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **53** ft. to **98** 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 **25** ft. to **53** 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 within 1/2 mile** How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil	98	110	FS-Cs-Med-Pea Gravel-Brown-Chert 1/4x1/2-Blue
1	9	Clay-Brown-Silty			
9	15	Fine Silt-Brown	110	111	Shale-Grey
15	28	Clay-Brown-Silty	111	112	Limestone-Grey
28	37	Chert Gravel 1/4x1/2x1			
37	43	Clay-Brown-Silty			
43	51	Chert Gravel 1/4x1/2x1			
51	52	Boulders			
52	53	Clay-Grey			
53	58	Chert 1/4x1/2			
58	60	FS-CS-Med-Pea Gravel-Brown			
60	68	FS-Brown			
68	85	FS-CS-Med Pea Gravel-Brown			
85	90	FS-CS-Med-Pea Gravel-little bit dirty			
90	98	FS-Cs-Med-Pea Gravel-Brown-Clean			

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) **2/11/97** 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) **3-27-97** under the business name of **STRADER DRILLING CO., INC.** by (signature) *Dale Skren*

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.