

1 LOCATION OF WATER WELL Fraction NE 1/4 NE 1/4 NW 1/4 Section Number 18 Township Number T 8 S Range Number R 7 E
 County: RILEY

Distance and direction from nearest town or city? Randolph 5 1/4 miles South on 77 Highway 2 3/4 east 1 1/4 mi northeast
 Street address of well if located within city?
 2 WATER WELL OWNER: M Behrmann National development col 110
 RR#, St. Address, Box #: 820 San Pedro ave Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Coral Gables Fla 33156 Application Number:

3 DEPTH OF COMPLETED WELL: 245 ft. Bore Hole Diameter: 10 in. to 15 ft., and 6 1/2 in. to 245 ft.
 Well Water to be used as:
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 12 Other (Specify below)
 Well's static water level: 160 ft. below land surface measured on aug month 20 day 1981 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 4 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)
 2 PVC 4 ABS 7 Fiberglass
 Blank casing dia: 5 in. to 245 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 20 in., weight _____ lbs./ft. Wall thickness or gauge No. 267 Wall
 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 9 ABS 11 Other (specify) _____
 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) _____
 Screen-Perforation Dia: 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals:
 From 245 ft. to 225 ft., From _____ ft. to _____ ft.
 From 200 ft. to 140 ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals:
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From 4 ft. to 14 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) _____
 13 Watertight sewer lines
 Direction from well: South How many feet: 104 ? Water Well Disinfected? Yes No
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample
 was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No
 If Yes: Pump Manufacturer's name: NA Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was
 completed on aug month 20 day 1981 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 237
 This Water Well Record was completed on aug 21 month 21 day 1981 year under the business
 name of Strader Drilling Co. by (signature) Harold Strader

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		LITHOLOGIC LOG	FROM		TO	LITHOLOGIC LOG
		0	2	to top	222	245		Rock, Hard Blue
		2	28	Rock, limestone, yellow				
		28	33	Shale, Blue				
		33	47	Shale, Red				
		47	90	Rock, Blue				
		90	111	Rock, limestone yellow				
		111	137	Shale, Blue				
		137	165	Shale, Blue				
		165	180	Rock, white lime (water)				
		180	207	Shale, Blue				
207	222	Shale, Blue						

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 170 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

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