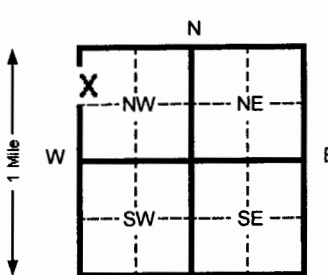


1 LOCATION OF WATER WELL: Fraction **SW 1/4 NW 1/4 NW 1/4** Section Number **25** Township Number **T 9 S** Range Number **R 7 E**
 County: **Riley**

Distance and direction from nearest town or city street address of well if located within city?
Lakeside shop and stop/ Enoch Oil

2 WATER WELL OWNER: **Kansas Department of Health and Environment**
 RR#, St. Address, Box #: **1000 SW Jackson: Suite 410** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Topeka, KS 66601** Application Number:

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


4 DEPTH OF COMPLETED WELL **85** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ Ft.
 WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr
 Pump test data: Well water was _____ Ft. after _____ hours pumping Gpm
 Est. Yield _____ Gpm: Well water was _____ Ft. after _____ Hours pumping Gpm
 Bore Hole Diameter **4.25** In. to **85** Ft. and _____ in. to _____ Ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 **Injection well**
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well **1-3**
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was Submitted _____
 Water Well Disinfected? Yes _____ No **X**

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** **X**
 Blank casing diameter **.75"** In. to **82** Ft. Dia _____ In. to _____ Ft. Dia _____ In. to _____ Ft.
 Casing height above land surface **1'** in., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 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:
 1 Continuous slot 3 **Mill slot** 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 7 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **82** ft. to **85** ft. From _____ ft. to _____ ft.
 SAND PACK INTERVALS: From **81** ft. to **85** 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 2 **.5** ft. to **79** Ft. From 3 **79** Ft. to **81** 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)**
Contaminated Site
 Direction from well? _____ How many feet? _____

| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|------|-------------------------------|------|----|--------------------|
| 0 | 1 | | Soil, brown | | | |
| 1 | 2 | | Limestone | | | |
| 2 | 24 | | Shale, few limestone seams | | | |
| 24 | 27 | | Limestone | | | |
| 27 | 30 | | Shale, brown | | | |
| 30 | 33 | | Layers of limestone and shale | | | |
| 33 | 38 | | Shale, grey | | | |
| 38 | 43 | | Limestone | | | |
| 43 | 46 | | Layers of limestone and shale | | | |
| 46 | 65 | | Shale, calcareous seams | | | |
| 65 | 75 | | Limestone | | | |
| 75 | 85 | | Shale | | | |
| 85 | TD | | END BOREHOLE | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was Completed on (mo/day/yr) **4/5/10** And this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **4/7/2010**
 under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J. Johnson**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.

OFFICE USE ONLY

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