

1 LOCATION OF WATER WELL: County: <u>Ottawa</u>	Fraction <u>NE 1/4 NE 1/4 NW 1/4</u>	Section Number <u>28</u>	Township Number <u>T 10 S</u>	Range Number <u>R 5 E</u> (W)
Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 1/2 mile north and 1/4 mile east of Ada</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>39.16104</u> Longitude: <u>-97.88339</u> Elevation: <u>Unknown</u> Datum: <u>NAD83</u> Data Collection Method: <u>WAAS GPS Unit</u>		
2 WATER WELL OWNER: <u>Tod R. Roberg</u> RR#, St. Address, Box # : <u>223 Ada Ave.</u> City, State, ZIP Code : <u>Ada, KS 67467</u>				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>143</u> ft.			
	Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.			
	WELL'S STATIC WATER LEVEL <u>44</u> ft. below land surface measured on <u>mo/day/yr</u> <u>09-05-07</u>			
	Pump test data: Well water was <u>Not checked</u> ft. after _____ hours pumping _____ gpm			
	Est. Yield <u>Unknown</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
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 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 <input checked="" type="checkbox"/> If yes, mo/day/yrs _____				
Sample was submitted _____ Water well disinfected? Yes _____ No <input checked="" type="checkbox"/>				

5 TYPE OF CASING USED:		5 Wrought Iron	8 Concrete tile	CASING JOINTS: <u>Glued</u> <input checked="" type="checkbox"/> <u>Clamped</u>	
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____	
(2) PVC	4 ABS	7 Fiberglass		Threaded _____	
Blank casing diameter <u>16</u> in. to <u>102</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.		Casing height above land surface <u>12</u> in., weight <u>19.75</u> lbs./ft. Wall thickness or gauge No. <u>.616</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel	(3) Stainless Steel	5 Fiberglass	(7) PVC	9 ABS	11 Other (Specify) _____
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot	(3) Mill slot	5 Gauzed wrapped	7 Torch cut	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	(6) Wire wrapped	8 Saw Cut	10 Other (Specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>102</u> ft. to <u>122 (PVC)</u> ft., From _____ ft. to _____ ft.					
From <u>122</u> ft. to <u>142 (SS)</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>90</u> ft. to <u>143</u> 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 _____ <u>Fill Sand</u>					
Grout Intervals: From <u>0</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft., From <u>25</u> ft. to <u>90</u> ft.					
What is the nearest source of possible contamination:					
1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	13 Insecticide Storage	(16) Other (specify below)
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well	<u>None known</u>
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer Storage	15 Oil well/gas well	
Direction from well? _____			How many feet? _____		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Topsoil			
4	10	Clay, reddish brown			
10	14	Drift and clay			
14	30	Clay and sandstone			
30	34	Clay, yellow and gray			
34	38	Sandstone, very hard			
38	83	Clay, gray and red, very hard			
83	143	Sandstone, soft			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:		This water well was (1) <u>constructed</u> (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>09-05-07</u> and this record is true to the best of my knowledge and belief.	
Kansas Water Well Contractor's License No. <u>771</u>		This Water Well Record was completed on (mo/day/year) <u>09-10-07</u>	
Under the business name of <u>Clarke Well & Equipment, Inc.</u>		by (signature)	

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, 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.