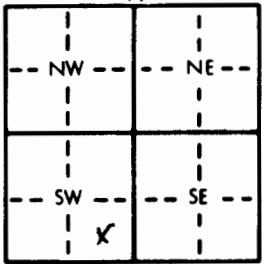


1 LOCATION OF WATER WELL: Fraction NW 1/4 SE 1/4 SW 1/4 Section Number 8 Township Number T 11 S Range Number R 33 EW  
 County: Logan 053

Distance and direction from nearest town or city street address of well if located within city?  
From E of 4th St 130' East and N 25' from E of 40 Hwy Monument, Ks.

2 WATER WELL OWNER: Kansas Department of Transportation  
 RR#, St. Address, Box #: Box 516 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Oakley, Kansas 67748 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF COMPLETED WELL: 150' ft. ELEVATION:  
 Depth(s) Groundwater Encountered: None Encountered ft. 1. 3-21-88 ft. 2. 3-21-88 ft. 3. 3-21-88 ft.  
 WELL'S STATIC WATER LEVEL: None Encountered 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: \_\_\_\_\_ in. to \_\_\_\_\_ ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 WELL WATER TO BE USED AS:  
 1 Domestic  2 Irrigation  3 Feedlot  4 Industrial  5 Public water supply  6 Oil field water supply  7 Lawn and garden only  8 Air conditioning  9 Dewatering  10 Observation well  11 Injection 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  2 PVC  3 RMP (SR)  4 ABS  5 Wrought iron  6 Asbestos-Cement  7 Fiberglass  8 Concrete tile  9 Other (specify below)  
 Blank casing diameter: 6" in. to \_\_\_\_\_ ft., Dia. \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia. \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: 8' below in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel  2 Brass  3 Stainless steel  4 Galvanized steel  5 Fiberglass  6 Concrete tile  7 PVC  8 RMP (SR)  9 ABS  10 Asbestos-cement  11 Other (specify) \_\_\_\_\_  12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot  2 Louvered shutter  3 Mill slot  4 Key punched  5 Gauzed wrapped  6 Wire wrapped  7 Torch cut  8 Saw cut  9 Drilled holes  10 Other (specify) \_\_\_\_\_  11 None (open hole)  
 SCREEN-PERFORATED INTERVALS: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: 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 142' ft. to 8' ft., From 8' ft. to 0' ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank  2 Sewer lines  3 Watertight sewer lines  4 Lateral lines  5 Cess pool  6 Seepage pit  7 Pit privy  8 Sewage lagoon  9 Feedyard  10 Livestock pens  11 Fuel storage  12 Fertilizer storage  13 Insecticide storage  14 Abandoned water well  15 Oil well/Gas well  16 Other (specify below) Road Side ditch  
 Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>142'</u>	<u>8'</u>	<u>Cement Grout 35.83 cu ft</u>			
<u>8'</u>	<u>0'</u>	<u>Compacted Clays</u>			
		<u>Well casing cut off 8' below ground level then casing grouted and capped with 2'x2'x2' concrete cap</u>			
		<u>Reason for removal to 8' level is well is located in bottom of drainage ditch.</u>			

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) 3-21-88 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. \_\_\_\_\_ This Water Well Record was completed on (mo/day/yr) 3-23-88 under the business name of \_\_\_\_\_ by (signature) [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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
T  
R  
33  
EW  
SEC.  
8  
NW  
1/4  
SE  
1/4  
SW  
1/4