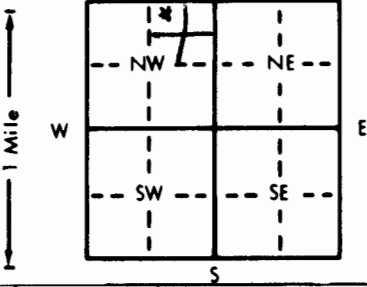


1 LOCATION OF WATER WELL: Fraction 9W 1/4 9E 1/4 9W 1/4 Section Number 23 Township Number T 13 0 Range Number R 32 E 0  
 County: Logan  
 Distance and direction from nearest town or city street address of well if located within city?  
14 S 1/2 East of Oakley, Ks

2 WATER WELL OWNER: JACK FREY  
 RR#, St. Address, Box # : RT. 2 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: 21 ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1. 10 ft. 2. . . . . ft. 3. . . . . ft.  
 WELL'S STATIC WATER LEVEL 10 ft. below land surface measured on mo/day/yr  
 Pump test data: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm  
 Est. Yield 10 gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm  
 Bore Hole Diameter: 9 . . . . . in. to 21 . . . . . ft., and . . . . . in. to . . . . . ft.  
 WELL WATER TO BE USED AS:  
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well  
 Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No X . . . . .; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes X No

5 TYPE OF CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped . . . . .  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .  
 7 Fiberglass . . . . . Threaded . . . . .

Blank casing diameter 5 . . . . . in. to 11 . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface 12 . . . . . in., weight 250 . . . . . lbs./ft. Wall thickness or gauge No. 250

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-PERFORATED INTERVALS: From 11 . . . . . ft. to 21 . . . . . ft., From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 GRAVEL PACK INTERVALS: From 10 . . . . . ft. to 21 . . . . . 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 0 . . . . . ft. to 10 . . . . . ft., From . . . . . ft. to . . . . . 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) Creek  
 Direction from well? 3 south How many feet? 500'

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	9	Topsoil			
9	20	Gravel			
20	21	Ochre			

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) 11-14-87 and this record is true to the best of my knowledge and belief. Kansas  
 Water Well Contractor's License No. 376 This Water Well Record was completed on (mo/day/yr) 11-28-87  
 under the business name of B & B DRILLING by (signature) Joseph Beckman

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
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