

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Rush</u>	C <del>X</del> NW ¼ NW ¼	18	T 18 S	R 17 <del>X</del> W

Distance and direction from nearest town or city street address of well if located within city?  
2 South, 2 3/4 West of Bison, Ks.

2 WATER WELL OWNER: John Koriel  
 RR#, St. Address, Box # : P.O. Box 25  
 City, State, ZIP Code : Rush Center, Ks. 67575  
 Board of Agriculture, Division of Water Resources  
 Application Number: ~~RHWX~~ RHWW3193

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL ..... <u>240</u> ..... ft. ELEVATION: .....
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Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft.  
 WELL'S STATIC WATER LEVEL ..... 106 ..... ft. below land surface measured on mo/day/yr 3-2-06  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield N/A ..... gpm Well water was ..... ft. after ..... hours pumping ..... gpm  
 WELL WATER TO BE USED AS:  
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Domestic (lawn & garden) 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below) Stock

Was a chemical/bacteriological sample submitted to Department? Yes ..... No X ..... ; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes HTH 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 ..... 5 ..... in. to ..... 180 ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface ..... 36 ..... in., weight SDR-21 ..... 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 Guazed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) ..... 11 None (open hole)  
 SCREEN-PERFORATED INTERVALS: From ..... 240 ..... ft. to ..... 180 ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From ..... 240 ..... ft. to ..... 50 ..... ft., From ..... ft. to ..... ft.  
 From ..... 40 ..... ft. to ..... 20 ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other hole plug  
 Grout Intervals: From ..... 20 ..... ft. to ..... 0 ..... ft., From ..... 50 ..... ft. to ..... 40 ..... 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) None  
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	15	Clay	265	276	Sandrock
15	28	Sand & gravel	276	280	Clay
28	40	Shale & limestone mixed			
40	55	Clay			
55	115	<del>XXXX</del> Brittle shale			
115	189	Clay			
189	190	Clay & sandrock mixed			
190	200	Clay			
200	204	Clay & sandrock mixed			
204	216	Clay			
216	221	Sandrock			
221	229	Clay			
229	233	Sandy shale			
233	265	Clay			

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) ..... 3-2-06 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 134 ..... This Water Well Record was completed on (mo/day/yr) ..... 3-6-06 ..... under the business name of Rosenkrantz- Bemis by (signature) John Koriel

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.