

|   |                                  |                      |                           |                           |
|---|----------------------------------|----------------------|---------------------------|---------------------------|
| 1 LOCATION OF WATER WELL:<br>County: Rush | Fraction<br>SW 1/4 SW 1/4 NW 1/4 | Section Number<br>20 | Township Number<br>T 19 S | Range Number<br>R 18W E/W |
|---|----------------------------------|----------------------|---------------------------|---------------------------|

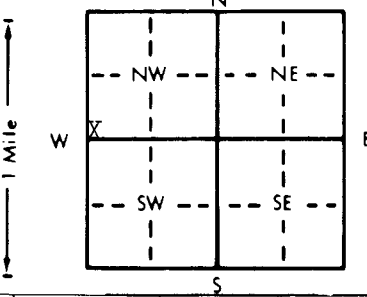
Distance and direction from nearest town or city street address of well if located within city?

2 W, 5 S of Rush Center, Kansas

2 WATER WELL OWNER: Tom Keener  
 RR#, St. Address, Box # : Rush Center, Ks.  
 City, State, ZIP Code : 67575

Board of Agriculture, Division of Water Resources  
 Application Number:

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



4 DEPTH OF COMPLETED WELL: 258 ft. ELEVATION: Unknown

Depth(s) Groundwater Encountered 1. 150 ft. 2. . ft. 3. . ft.

WELL'S STATIC WATER LEVEL . . . . 150 ft. below land surface measured on mo/day/yr . . . . 5/21/88 . . . .

Pump test data: Well water was . . . . ft. after . . . . hours pumping . . . . gpm

Est. Yield . . . . 60 . gpm: Well water was . . . . ft. after . . . . hours pumping . . . . gpm

Bore Hole Diameter . . . . 8 . in. to 258 . ft., and . . . . in. to . . . . ft.

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 |
| 2 Irrigation          | 4 Industrial       | 7 Lawn and garden only   |
|                       |                    | 10 Observation 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 | 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 . . . . .                               |

Blank casing diameter . . . . 5 . in. to 238 . ft., Dia . . . . in. to . . . . ft., Dia . . . . in. to . . . . ft.

Casing height above land surface . . . . 12 in., weight . . . . 2.8 . lbs./ft. Wall thickness or gauge No. . . Sch. 40 .

TYPE OF SCREEN OR PERFORATION MATERIAL:

|         |                    |                 |            |                          |
|---------|--------------------|-----------------|------------|--------------------------|
| 1 Steel | 3 Stainless steel  | 5 Fiberglass    | 8 RMP (SR) | 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 . . . . 238 . ft. to 258 . ft., From . . . . ft. to . . . . ft.

From . . . . ft. to . . . . ft., From . . . . ft. to . . . . ft.

GRAVEL PACK INTERVALS: From . . . . 20 . ft. to 258 . 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 20 . 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) |
|                          |                 |                 | 13 Insecticide storage |                          |

Direction from well? North

How many feet? 150

| FROM | TO  | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|------|-----|----------------|------|----|----------------|
| 0    | 20  | Clay           |      |    |                |
| 20   | 230 | Shale          |      |    |                |
| 230  | 258 | Sand rock      |      |    |                |
|      |     |                |      |    |                |
|      |     |                |      |    |                |
|      |     |                |      |    |                |
|      |     |                |      |    |                |
|      |     |                |      |    |                |
|      |     |                |      |    |                |
|      |     |                |      |    |                |
|      |     |                |      |    |                |

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) 5/21/88 . . . . . and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. . . . . 186 . . . . . This Water Well Record was completed on (mo/day/yr) . . . . 6/27/88 . . . .

under the business name of Kelly's Water Well Service . . . . . 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, 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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EW  
SEC.  
1/4  
1/4  
1/4