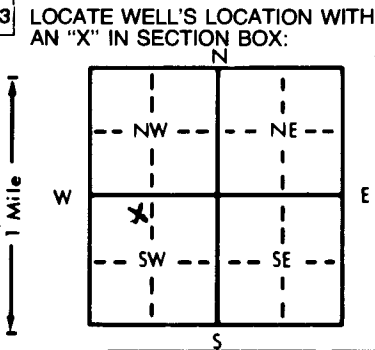


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: Edwards NE 1/4 NW 1/4 SW 1/4 32 T 24 S R 20 EW

Distance and direction from nearest town or city street address of well if located within city?
1 1/2 north 1/2 east of Offerle

2 WATER WELL OWNER: R.G. Oliphant Allen Drilling
 RR#, St. Address, Box #: Offerle, Ks. Box 1389 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Great Bend, Ks. 67530 Application Number: T84-87



4 DEPTH OF COMPLETED WELL: 190 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr 2-10-84
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 10 in. to 190 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 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 _____ No X _____

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 _____ in. to _____ ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 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 8 RMP (SR) 11 Other (specify) _____
 9 ABS 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 _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From _____ ft. to _____ 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? west How many feet? 80

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	<u>0/</u> Dark top soil			
4	17	<u>30</u> Tan clay w/white broken rock			
17	37	<u>17</u> Sand and gravel			
37	39	<u>20</u> Hard broken rock			
39	52	<u>05</u> Sand			
52	76	<u>19</u> Yellow and gray clay w/thin streaks of sand stone			
76	83	<u>23</u> Sand stone			
83	97	<u>14</u> Gray clay & yellow clay w/streaks of coal			
97	109	<u>13</u> Sand stone			
109	190	<u>19</u> Fire clay w/coal streaks			
THIS WELL WAS PULLED & PLUGGED W/GRAVEL PACK & WELL CUTTINGS					

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) _____ 2-10-84 _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ 134 _____ This Water Well Record was completed on (mo/day/yr) _____ 2-14-84 _____ under the business name of Rosencrantz-Bemis Ent. by (signature) Rosa Dodson

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 24 R 20 EN SEC. 32

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