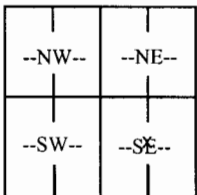


|   |                                      |   |                                  |  |
|---|--------------------------------------|---|----------------------------------|--|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Kiowa</u>  | Fraction<br><u>1/4 NC 1/4 SE 1/4</u> | Section Number<br><u>8</u>  | Township Number<br><u>T 27 S</u> | Range Number<br><u>R 18 E</u> <b>(W)</b> |
| Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 6 1/4 miles north and 1/2 west of Greensburg</u> |                                      | <b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: <u>37.707947</u><br>Longitude: <u>-99.309399</u><br>Elevation: <u>Unknown</u><br>Datum: <u>NAD83</u><br>Data Collection Method: <u>WAAS GPS Unit</u> |                                  |  |
| <b>2 WATER WELL OWNER:</b> <u>Mark Rohlman</u><br>RR#, St. Address, Box # : <u>520 S. Stone Ridge</u><br>City, State, ZIP Code : <u>Valley Center, KS 67147</u>   |                                      |   |                                  |  |

|  |  |
|--|--|
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br>N<br>W<br>E<br>S<br> | <b>4 DEPTH OF COMPLETED WELL</b> <u>170</u> ft.<br>Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.<br>WELL'S STATIC WATER LEVEL <u>47</u> ft. below land surface measured on <u>mo/day/yr 02-26-08</u><br>Pump test data: Well water was <u>Not checked</u> ft. after _____ hours pumping _____ gpm<br>Est. Yield <u>Unknown</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br><b>(2)</b> Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr _____<br>Sample was submitted _____ Water well disinfected? Yes _____ No <input checked="" type="checkbox"/> |
|--|--|

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

Blank casing diameter 16 in. to 99 ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface 12 in., weight 19.75 lbs./ft. Wall thickness or gauge No. .616

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 1 Steel 3 Stainless Steel 5 Fiberglass **(7)** PVC 9 ABS 11 Other (Specify) \_\_\_\_\_  
 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**  
 1 Continuous slot **(3)** Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)  
 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) \_\_\_\_\_

**SCREEN-PERFORATED INTERVALS:** From 99 ft. to 169 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**GRAVEL PACK INTERVALS:** From 22 ft. to 80 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From 80 ft. to 170 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

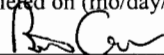
**6 GROUT MATERIAL:** 1 Neat Cement **(2)** Cement grout 3 Bentonite 4 Other \_\_\_\_\_

Grout Intervals: From 0 ft. to 22 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 13 Insecticide Storage **(16)** Other (specify below)  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well \_\_\_\_\_  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well \_\_\_\_\_  
 None known \_\_\_\_\_

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

| FROM | TO  | LITHOLOGIC LOG  | FROM | TO | PLUGGING INTERVALS |
|------|-----|---|------|----|--------------------|
| 0    | 3   | Topsoil   |      |    |                    |
| 3    | 10  | Clay, brown, sandy                                    |      |    |                    |
| 10   | 20  | Sand and gravel, fine, medium, coarse                 |      |    |                    |
| 20   | 25  | Clay, brown, sandy                                    |      |    |                    |
| 25   | 99  | Sand and gravel, fine, medium, with some clay streaks |      |    |                    |
| 99   | 103 | Clay, brown   |      |    |                    |
| 103  | 170 | Sand and gravel, fine, medium, coarse                 |      |    |                    |
|      |     |   |      |    |                    |
|      |     |   |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was (1) **constructed** (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 02-26-08 and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 771 This Water Well Record was completed on (mo/day/year) 02-28-08  
 Under the business name of Clarke Well & Equipment, Inc. by (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, 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.