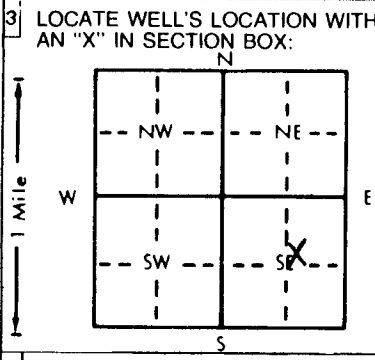


1 LOCATION OF WATER WELL: County: **Kiowa** Fraction: **SW 1/4 NE 1/4 SE 1/4** Section Number: **16** Township Number: **T 28 S** Range Number: **R 18 EW**

Distance and direction from nearest town or city street address of well if located within city?
100' east of 100 N. Cedar Street in Alley

2 WATER WELL OWNER: **James Jackson - Volz Oil** **MW13-flush mount cover**
 RR#, St. Address, Box #: **222 East Kansas**
 City, State, ZIP Code: **Greensburg, Ks.** Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL: **85** ft. ELEVATION: **NA**
 Depth(s) Groundwater Encountered: **1.72** ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: **71.30** ft. below land surface measured on **03-04-94**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **7.5/8** in. to **85** 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 Monitoring 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 **X** _____
 Blank casing diameter: **2** in. to **60** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **0** in., weight _____ lbs./ft. Wall thickness or gauge No. **sch. 40**
 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.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ 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 _____ ft. to **54** ft., From _____ ft. to **54** ft. to **58** ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy **11 Fuel storage** 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____

Direction from well? **northeast** How many feet? **550**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2'	clay, v dk brn, sl-mod slty, org rich			v f-med grnd, blk carb mat
2	4'	clay, lt red brn, mod slty			throughout
4	6	clay, lt red brn, mott gry-blue, mod slty	52	60	snd, f-med grnd, sl c grns, sl grvl,
6	13	clay, med oran-brn, v slty, sl-mod snd, v f-f grnd			& rock, v slty, mod-v clayey, sl grvl szd calc clsts
13	16	snd, v f-med grnd, v slty, lt red brn	60	65	snd, f-c grnd, tr of grvl, prly srted, lt red brn in color, v slty
16	19	clay, lt oran-brn, v sndy, v f-med grnd, v slty	65	71	snd, f-c grnd, v slty, tr of grvl & rck szd calc clsts, tr of rck up to 1" in sz, med brn color
19	21	clay, lt oran-brn, sl sndy, v f grnd, tr of snd	71	80	snd, f-c grnd, sl grvl, v slty, yell-brn in color
21	28	snd, v f-f grnd, well srted, v slty, sl clayey	80	85	snd, f-c, sl grvl, tr of rock up to 1" in sz, yell-brn in color
28	31	snd, f-c grnd, tr of grvl, v slty, sl clayey, lt orang-brn			
31	40.5	snd, v f-med, v slty, sl clayey			
40.5	52	clay, med red brn, v slty, v sndy,			

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) **03-03-94** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **527**. This Water Well Record was completed on (mo/day/yr) **04-04-94** under the business name of **GeoCore Services, Inc.** by (signature) *Dale Roff*

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.