

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																													
County: Republic		SW ¼ NE ¼ NE ¼		17		3 S		R 4W E/W																																																													
Distance and direction from nearest town or city street address of well if located within city? 4th & Washington St., Scandia, KS				Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 39°47'47.6" Longitude: W 97°47'05.6" Elevation: 1422.64 toc Datum: Data Collection Method: legal survey																																																																	
2 WATER WELL OWNER: Christensen Oil Company RR#, St. Address, Box # : PO Box 455 City, State, ZIP Code : Concordia, KS 66901																																																																					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 25 ft.																																																																			
<div style="text-align: center;"> </div>		MW3																																																																			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.																																																																			
		WELL'S STATIC WATER LEVEL 15.36 ft. below land surface measured on mo/day/yr 11/10/06																																																																			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 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 CASING USED:																																																																					
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ 2 PVC 4 ABS 7 Fiberglass _____ Blank casing diameter _____ 2 in. to _____ 15 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height below land surface _____ 0 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____																																																																					
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 Guaze 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 _____ 15 ft. to _____ 25 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ 13 ft. to _____ 25 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 cement, 0-2' Grout Intervals From _____ 2 ft. to _____ 13 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																																																																					
Direction from well? _____ How many feet? _____																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>Soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>13</td> <td>Sand w/silt, tan, moist, low plasticity, very fine grained</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13</td> <td>16</td> <td>Sand, brown, moist, very fine grained</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16</td> <td>25</td> <td>Sand, grey, very fine grained</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>25</td> <td>TD</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2	Soil				2	13	Sand w/silt, tan, moist, low plasticity, very fine grained				13	16	Sand, brown, moist, very fine grained				16	25	Sand, grey, very fine grained					25	TD																											
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Flushmount waiver by D. Taylor																																																																					
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) 11/1/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757 . This Water Well Record was completed on (mo/day/year) 12/20/06 under the business name of Larsen & Associates, Inc. by (signature) _____																																																																					
INSTRUCTIONS: Please fill in blanks 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. Visit us at http://www.kdheks.gov/waterwell .																																																																					