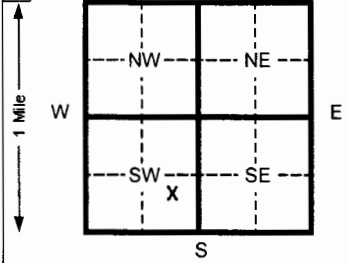


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Rooks	NE ¼ SE ¼ SW ¼	26	T 9 S	R 18 W

Distance and direction from nearest town or city street address of well if located within city?
20' E of Midwest Energy Building - Plainville

2 WATER WELL OWNER: **John Ruder**
 RR#, St. Address, Box #: **300 NW 3rd St.**
 City, State, ZIP Code: **Plainville, KS 67663**
 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: **35** ft. ELEVATION: **2151.69 (TOC)**
 Depth(s) Groundwater Encountered 1 **25.0** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **25.1** ft. below TOC measured on mo/day/yr **02/20/08**
 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 **8.25** in. to **35** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 2 Irrigation 3 Feed lot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Dewatering 10 **Monitoring well** 11 Injection well 12 Other (Specify below)
 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 2 **PVC** 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) 10 _____
 Blank casing diameter **2** in. to **20** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **Flushmount** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 **PVC** 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 2 Louvered shutter 3 **Mill slot** 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From **20** ft. to **35** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **19** ft. to **35** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 **Bentonite** 4 Other _____
 Grout Intervals From **1** ft. to **19** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below)
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5		Concrete			
0.5	23		Clay, dark brown to light brown, silty, some caliche nodules and layers, very sandy after 20'			
23	35		Sand, fine to medium grains, light brown to light gray, zones of high clay content after 30'			

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/yr) **03/13/08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **03/25/08** under the business name of **Geotechnical Services Inc.** by (signature) _____

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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