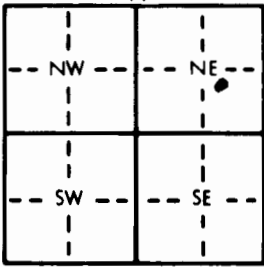


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Bethany</u>		<u>NW 1/4 SE 1/4 NE 1/4</u>	<u>9</u>	<u>T 10 S</u>	<u>R 12 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>50 feet North Union Pacific RR, 25 feet East of Fertilizer Storage tank, 150 feet west of St. Marys P.W.S. well</u>					
2 WATER WELL OWNER: <u>Kansas Department of Health & Environment</u>					
RR#, St. Address, Box #: _____ Board of Agriculture, Division of Water Resources					
City, State, ZIP Code: <u>Bldg. 740, Forbes Field, Topeka, KS 66620</u> Application Number: _____					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>31.8</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered: <u>1. 2.8</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL: <u>28.5</u> ft. below land surface measured on mo/day/yr <u>4/26/89</u>			
		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: <u>6</u> in. to <u>33.5</u> 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 <u>10 Observation well</u> <u>Monitoring Well</u>			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was sub- mitted _____			
		Water Well Disinfected? Yes _____ No _____			
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: <u>2</u> in. to <u>26.8</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.					
Casing height above land surface: <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>9.75 x 40</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____					
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 <u>26.8</u> ft. to <u>31.8</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>31</u> 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 <u>0</u> ft. to <u>21.5</u> ft., From _____ ft. to _____ ft., From <u>21.5</u> ft. to <u>23.0</u> 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? <u>west</u> How many feet? <u>30 feet</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0.0	2.0	Soil, dark gray silty clay			
2.0	7.5	silty clay, brown, damp			
7.5	8.5	silty clay, lt. brown, damp			
8.5	10.0	Silty clay, slightly sandy, with small limy fragments			
10.0	11.5	Silt, light brown, moist			
11.5	17.5	Silty clay, light brown, damp			
17.5	26.0	Silt, coarse, light brown, damp becoming sandy below 19.5			
26.0	31.0	Sand, fine-grained, increasing grain size with depth. Moist to wet.			
31.0	33.5	Sand, medium grained, saturated.			
	33.5	T.D.			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , <u>(2) reconstructed</u> , or <u>(3) plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>4/25/89</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <u>4/26/89</u>					
under the business name of <u>Kansas Dept. Health & Environment</u> by (signature) <u>Marion W. Heston</u>					
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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					