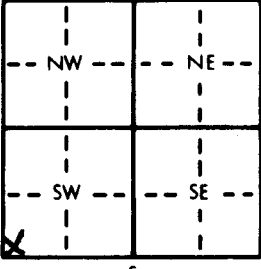


1 LOCATION OF WATER WELL: County: <u>Shawnee</u>		Fraction <u>SW 1/4 SW 1/4 SW 1/4</u>	Section Number <u>2</u>	Township Number <u>T 10 S</u>	Range Number <u>R 13 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2 1/2 1/4 DELIA</u>					
2 WATER WELL OWNER: RR#, St. Address, Box #: <u>Box 83</u> City, State, ZIP Code: <u>SILVER LAKE KS. 66539</u>			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: <u>35</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL <u>16</u> ft. below land surface measured on mo/day/yr <u>MAY 24-85</u> Pump test data: Well water was <u>24</u> ft. after <u>3</u> hours pumping <u>20</u> gpm Est. Yield <u>50 MAX</u> gpm Well water was <u>3</u> ft. after <u>3</u> hours pumping <u>20</u> gpm Bore Hole Diameter <u>9</u> in. to <u>35</u> ft., and .... in. to .... ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Public water supply <input type="checkbox"/> Air conditioning <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
5 TYPE OF BLANK CASING USED: 1 Steel <input checked="" type="checkbox"/> RMP (SR) 2 PVC <input type="checkbox"/> 4 ABS Blank casing diameter <u>5</u> in. to <u>25</u> ft., Dia <u>12</u> in. to .... ft., Dia <u>50</u> in. to .... ft. Casing height above land surface <u>12</u> in., weight <u>50</u> lbs./ft. Wall thickness or gauge No. <u>26</u>		5 Wrought iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> Welded <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> Threaded <input type="checkbox"/>			
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input checked="" type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole)		SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input checked="" type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input checked="" type="checkbox"/> 36 7 Torch cut <input type="checkbox"/> 10 Other (specify) <input type="checkbox"/>			
SCREEN-PERFORATED INTERVALS: From <u>25</u> ft. to <u>35</u> ft., From .... ft. to .... ft. GRAVEL PACK INTERVALS: From <u>15</u> ft. to <u>35</u> ft., From .... ft. to .... ft.		6 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other <input type="checkbox"/> Grout Intervals: From <u>0</u> ft. to <u>15</u> ft., From .... ft. to .... ft. What is the nearest source of possible contamination: <input checked="" type="checkbox"/> Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) 13 Insecticide storage <input type="checkbox"/> Direction from well? <u>APP 150' N W</u> How many feet?			
FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG			
0	2	SOIL			
2	16	CLAY YELLOW			
16	24	CLAY SOME FINE SAND			
24	25	SANDY CLAY - WATER			
25	27	LIME WATER IN LIME BREAKS			
27	35	SHALE DARK			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>MAY 24-85</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>119</u> This Water Well Record was completed on (mo/day/yr) <u>JUNE 6, 85</u> under the business name of <u>TURBMAN DMS DRILLING CO.</u> by (signature) <u>[Signature]</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620, send one to WATER WELL OWNER and retain one for your records.					