

**1 LOCATION OF WATER WELL:**  
 County: WABUNSCO Fraction NW 1/4 NW 1/4 NW 1/4 Section Number 35 Township Number T 11 S Range Number R 10 W  
 Distance and direction from nearest town or city street address of well if located within city? From Alma Go North 2 miles on 99 To McFarland Rd. Go 1 mile North East + Then 1/2 East + 1/2 North

**2 WATER WELL OWNER:** Richard Feyh  
 RR#, St. Address, Box #: RR #1 Box 846 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Maple Hill, Mo 66507 Application Number:

**3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:**

**4 DEPTH OF COMPLETED WELL:** 80 ft. ELEVATION: ..... ft.  
 Depth(s) Groundwater Encountered 1. 29 ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL 25 ft. below land surface measured on mo/day/yr .....  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield 4 gpm Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter 9 in. to 80 ft., and ..... in. to ..... ft.  
 WELL WATER TO BE USED AS:  
 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  If yes, mo/day/yr sample was submitted

**5 TYPE OF BLANK CASING USED:**  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Water Well Disinfected? Yes CASING JOINTS: Clamped  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded  
 7 Fiberglass Threaded  
 Blank casing diameter 5 in. to 60 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface 37 in., weight Sch 40 lbs./ft. Wall thickness or gauge No. ....

**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:** 25, 1000  
 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 60 ft. to 80 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 25 ft. to 80 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 0 ft. to 25 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination: None Close  
 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? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
1	25	Brown Clay			
25	27	Limestone			
27	29	Brown Shale			
29	32	Limestone (Water)			
32	43	Grey Shale			
43	45	Limestone			
45	62	Grey Shale			
62	64	Limestone			
64	80	Brown Shale			

**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) 11/24/98 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 451 This Water Well Record was completed on (mo/day/year) 1/25/98 under the business name of Haldiman Well Drilling by (signature) Craig H. ...

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.

OFFICE USE ONLY

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