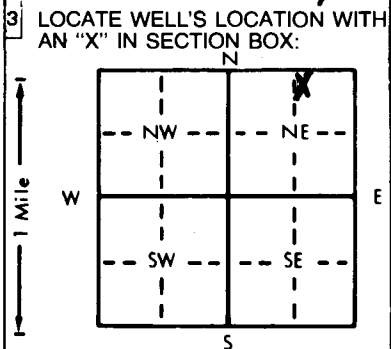


1 LOCATION OF WATER WELL: County: **WABUNSEE** Fraction: **NW 1/4 NE 1/4 NE 1/4** Section Number: **28** Township Number: **T 11 S** Range Number: **R 11 EW**

Distance and direction from nearest town or city street address of well if located within city?
1/4 NORTH 1 WEST PAXICO.

2 WATER WELL OWNER: **MARGUMITE HUND**
 RR#, St. Address, Box #: **RD. PAXICO, MS. 6652L**
 City, State, ZIP Code: **PAXICO, MS. 6652L**
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL: **24** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. **15** ft. 2. **20** ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **7** ft. below land surface measured on mo/day/yr **OCT. 29-92**
 Pump test data: Well water was **24** ft. after **2** hours pumping **8** gpm
 Est. Yield **8** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **9 3/8** in. to **24** in. to _____ in. to _____ in.
 WELL WATER TO BE USED AS:
 Domestic Feedlot Oil field water supply Dewatering Injection well
 Irrigation Industrial Lawn and garden only Observation well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____
 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 **5** in. to **16** in. Dia. **5** in. to **24** in. Dia. _____ in. to _____ in. Dia. _____
 Casing height above land surface: **30** in., weight **5.0 PM 26** lbs./ft. Wall thickness or gauge No. **5.0 PM 26**
 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) _____
 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 _____ ft. to _____ ft., From _____ ft. to _____ ft.
 From **16** ft. to **24** ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **14** ft. to **24** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Intervals: From **0** ft. to **14** 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 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) **NONE**
 13 Insecticide storage _____
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	SOIL BLACK			
4	15	YELLOW CLAY			
15	20	SOME GRAVEL WITH CLAY			
20	24	SHALE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **OCT. 29-92** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **119** This Water Well Record was completed on (mo/day/yr) **OCT. 31-92** under the business name of **JANEMAN BROS DRILLING CO** by (signature) *[Signature]*

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.

OFFICE USE ONLY