

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>WABASH CO</u>		<u>NW 1/4 SW 1/4 SW 1/4</u>	<u>5</u>	T <u>11 S</u>	R <u>12 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>3 miles East on Gravel + 1/4 North From Paxico 3 North on Paved Rd.</u>					
2 WATER WELL OWNER: <u>DAVE GLOTZBACH</u>					
RR#, St. Address, Box # : <u>P.O. Box 181 RR#1</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>Maple Hill, Kansas 66507</u>				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>180</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>106</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>80</u> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>207</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>9</u> in. to <u>140</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)			
		<input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 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:		CASING JOINTS <u>Glued</u> _____ Clamped _____			
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below)					
<input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 7 Fiberglass _____					
Blank casing diameter <u>5</u> in. to <u>120</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface <u>21</u> in., weight <u>54.48</u> lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement			
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) _____					
<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"/> 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:		<input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole)			
<input type="checkbox"/> 1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot <u>25/1000</u> <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes					
<input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <u>120</u> <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS:		From _____ ft. to <u>140</u> ft., From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From <u>25</u> ft. to <u>140</u> ft., From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
6 GROUT MATERIAL:		<input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____			
Grout Intervals: From <u>0</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		<input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well			
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well					
<input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below)					
<input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 13 Insecticide storage					
Direction from well? <u>North</u>		How many feet? <u>400</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>1</u>	<u>Top Soil</u>			
<u>1</u>	<u>15</u>	<u>Brown Clay</u>			
<u>15</u>	<u>34</u>	<u>Gray Shale</u>			
<u>34</u>	<u>38</u>	<u>Limestone</u>			
<u>38</u>	<u>75</u>	<u>Yellow Shale</u>			
<u>75</u>	<u>88</u>	<u>Gray Shale</u>			
<u>88</u>	<u>91</u>	<u>Limestone</u>			
<u>91</u>	<u>106</u>	<u>Gray Shale</u>			
<u>106</u>	<u>131</u>	<u>Limestone (Water)</u>			
<u>131</u>	<u>140</u>	<u>Gray Shale</u>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11/25/96</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>451</u> This Water Well Record was completed on (mo/day/yr) <u>12/8/96</u> under the business name of <u>Holdeman Well Drilling</u> by (signature) <u>Craig H. Clump</u>					