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VJD

1 LOCATION OF WATER WELL

County: <u>WABAUNSEE</u>	Fraction: SW SW NE NE	Section Number: 27	Township Number: T 11 (3)	Range Number: R 12 (EW)
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Distance and direction from nearest town or city? 15 2BW of MAPLE Hill

Street address of well if located within city? _____

2 WATER WELL OWNER: **DAVID ADAMS**

RR#, St. Address, Box #: R.T. 1 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: MAPLE Hill, KANSAS 66507 Application Number: _____

3 DEPTH OF COMPLETED WELL: 95 ft. Bore Hole Diameter: 8 in. to 95 ft., and _____ in. to _____ ft.

Well Water to be used as:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	9 Dewatering	12 Other (Specify below)
3 Feedlot	10 Observation well	
6 Oil field water supply		
2 Irrigation		
4 Industrial		
7 Lawn and garden only		

Well's static water level: 35 ft. below land surface measured on OCTOBER month 17 day 1979 year

Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	Casing Joints: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped
2 <u>PVC</u>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing dia: 5 in. to 39 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: 29 in., weight 2.82 lbs./ft. Wall thickness or gauge No. 2.50

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-Perforation Dia: 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From 39 ft. to 95 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From 10 ft. to 95 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grouted Intervals: From 0 ft. to 10 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well
3 Lateral lines	6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)
			13 Watertight sewer lines	

Direction from well: WEST How many feet: 150 ? Water Well Disinfected? Yes No

Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample was submitted: _____ month _____ day _____ year Pump Installed? Yes No _____

If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____

Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on OCTOBER month 17 day 1979 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 182
 This Water Well Record was completed on OCTOBER month 19 day 1979 year under the business name of STRAIDER DRIS Co Inc by (signature) Dale Askew

	LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG	FROM		LITHOLOGIC LOG
	FROM	TO		FROM	TO	
	<u>0</u>	<u>6</u>	<u>TOP SOIL</u>			
	<u>6</u>	<u>37</u>	<u>CLAY</u>			
	<u>37</u>	<u>45</u>	<u>CHERT 1/8 X 1/8 X 1/2</u>			
<i>sulfur - Fe well used now</i>						

963 Rm

ELEVATION: 957

Depth(s) Groundwater Encountered 1. 35 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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3

SE 1/4 SE 1/4 NE 1/4