

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Wabaunsee</u>	<u>NE 1/4 NE 1/4 SE 1/4</u>	<u>7</u>	<u>T 11 S</u>	<u>R 13 EW</u>

Distance and direction from nearest town or city street address of well if located within city?  
1 1/2 north, 1 1/2 east of Maple Hill

2 WATER WELL OWNER: Buck Hewes  
 RR#, St. Address, Box #: Box 236  
 City, State, ZIP Code: Maple Hill, KS 66507  
 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>58'</u> ft. ELEVATION: .....
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Depth(s) Groundwater Encountered 1. 38' ft. 2. .... ft. 3. .... ft.

WELL'S STATIC WATER LEVEL 7' ft. below land surface measured on mo/day/yr 11-11-93

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield 30 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

Bore Hole Diameter: ..... in. to ..... ft., and ..... in. to ..... ft.

WELL WATER TO BE USED AS:

<u>1</u> Domestic	<u>3</u> Feedlot	<u>6</u> Oil field water supply	<u>9</u> Dewatering	<u>11</u> Injection well
<u>2</u> Irrigation	<u>4</u> Industrial	<u>7</u> Lawn and garden only	<u>10</u> Monitoring well	<u>12</u> Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes.....No.....X...; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED:

<u>1</u> Steel	<u>3</u> RMP (SR)	<u>5</u> Wrought iron	<u>8</u> Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped .....
<u>2</u> PVC	<u>4</u> ABS	<u>6</u> Asbestos-Cement	<u>9</u> Other (specify below)	Welded <u>X</u> .....
		<u>7</u> Fiberglass		Threaded .....

Blank casing diameter 5" in. to 0-34 ft., Dia 5" in. to 44-58 ft., Dia ..... in. to ..... ft.

Casing height above land surface 24" in., weight 2.82 lbs./ft. Wall thickness or gauge No. 258

TYPE OF SCREEN OR PERFORATION MATERIAL:

<u>1</u> Steel	<u>3</u> Stainless steel	<u>5</u> Fiberglass	<u>7</u> PVC	<u>10</u> Asbestos-cement
<u>2</u> Brass	<u>4</u> Galvanized steel	<u>6</u> Concrete tile	<u>8</u> RMP (SR)	<u>11</u> Other (specify) .....
			<u>9</u> ABS	<u>12</u> None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<u>1</u> Continuous slot	<u>3</u> Mill slot	<u>5</u> Gauzed wrapped	<u>8</u> Saw cut	<u>11</u> None (open hole)
<u>2</u> Louvered shutter	<u>4</u> Key punched	<u>6</u> Wire wrapped	<u>9</u> Drilled holes	
		<u>7</u> Torch cut	<u>10</u> Other (specify) .....	

SCREEN-PERFORATED INTERVALS: From 34 ft. to 44 ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 24 ft. to 58 ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....

Grout intervals: From 4 ft. to 24 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:

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

Direction from well? west How many feet? 365'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	top Soil			
6	28	Clay-Brown-Silty			
28	34	Clay-Blue			
34	38	Fine Sand-Coarse Sand-Med-Pea-Brown			
38	39	Shale-Brown			
39	58	Shale-Grey			

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) 11-11-93 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 (mo/day/yr) 12-13-93 under the business name of STRADER DRILLING CO., INC. by (signature) Dale Strader

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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