

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Leavenworth	SE ¼ SE ¼ SE ¼	11	T 11 S	R 21 B/W

Distance and direction from nearest town or city? **2 miles east of Tonganoxie, Kansas**

Street address of well if located within city?

2 WATER WELL OWNER: **Joe Katherly**
 RR#, St. Address, Box #: **Tonganoxie, Kansas**
 City, State, ZIP Code: _____

Board of Agriculture, Division of Water Resources
 Application Number: _____

3 DEPTH OF COMPLETED WELL: **100** ft. Bore Hole Diameter: **8** in. to **100** ft. and _____ in. to _____ ft.

Well Water to be used as:

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

Well's static water level: **26** ft. below land surface measured on **August** month **19** day **1981** year

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

Est. Yield: _____ 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: Glued _____ Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing dia: **5** in. to **100** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface: **18** in., weight **.284** lbs./ft. Wall thickness or gauge No. **.265**

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:

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 **30** ft. to **45** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From **20** ft. to **100** 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 **20** 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: **Southeast** 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: **Yes - Jacuzzi** Model No. **5S4B** HP **1/2** Volts **230**

Depth of Pump Intake: **90** ft. Pumps Capacity rated at **90 ft. @ 9 gpm** 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 **August 21** month **21** day **1981** year **174**

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____

This Water Well Record was completed on **August** month **21** day **1981** year under the business name of **BREUER, INC.** by (signature) *Joseph P. Breuer*

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG	
	FROM	TO	FROM	TO	FROM	TO
	0	1	78	83	Top Soil	Shale
	1	20	83	95	Clay	Sandy Lime
	20	26	95	98	Soft Sand	Shale
	26	30	98	100	Sandstone Soft Yellow	Sandy Lime
	30	36			Sandstone Brown Soft	
	36	45			Sandstone Gray - Med.	
	45	60			Sandy Shale	
	60	65			Lime	
	65	71			Shale	
	71	78			Lime Sandy	

ELEVATION: **852 ft.**

Depth(s) Groundwater Encountered 1. **30** ft. 2. **36** ft. 3. **45** 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

T

R

21

EW

SEC.

11

SE 1/4

SE 1/4

SE 1/4

SE 1/4