

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Leavenworth	NE ¼ SE ¼ NE ¼	8	T 11 S	R 21 EW

Distance and direction from nearest town or city street address of well if located within city?
205 West Street, Tonganoxie, Kansas

2 WATER WELL OWNER: **Calvin McDaniel**
 RR#, St. Address, Box # : **20897 219th Street** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Tonganoxie, Kansas 66086** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 23.0 ft. ELEVATION:
	Depth(s) Groundwater Encountered 1 12.0 ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL 9.92 ft. below land surface measured on mo/day/yr 08/22/08
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
	Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
	Bore Hole Diameter 7.5 in. to 23.0 ft. and _____ in. to _____ ft.

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 X

Blank casing diameter **2.375** in. to **4.0** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **Flush Mount** in., weight _____ lbs./ft. Wall thickness or gauge No. **Schedule 40**

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-PERFORATED INTERVALS: From **23.0** ft. to **4.0** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **23.0** ft. to **3.0** ft. From _____ ft. to _____ ft.

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

Grout Intervals From **0.0** ft. to **1.5** ft. From **1.5** ft. to **3.0** 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 (former)	15 Oil well/ Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? **South-southeast** How many feet? **85**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	6.0		Gray, dark gray, orange-brown silty clay, gravelly, sandstone fragments, mottled black, oxides, very firm, slightly moist
6.0	10.0		Dark brown-black very silty clay, friable, moist
10.0	17.0		Gray, dark gray, orange-brown silty clay, gravelly, sandstone fragments, mottled black, oxides, firm, moist, wet @12'
17.0	23.0		Gray, brown, very silty, trace gravel, mottled dark brown, wet
Flush-mount well completion waiver existent for site.			

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/yr) **08/22/08** and this record is true to the best of my knowledge and belief. - Kansas
 Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **09/04/08**
 under the business name of **Quad State Services, Inc.** by (signature)

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.