

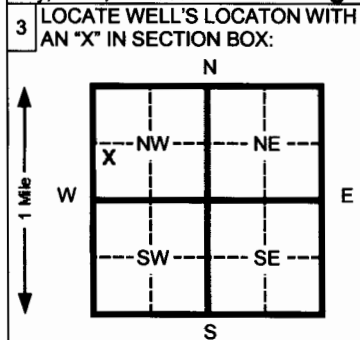
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Leavenworth	NW $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$	9	T 11 S	R 21

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**
 City, State, ZIP Code : **Tonganoxie, Kansas 66086**

Board of Agriculture, Division of Water Resources
Application Number:



4 DEPTH OF COMPLETED WELL **23.0** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1 **17.0** ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **10.21** ft. below land surface measured on mo/day/yr **08/23/08**

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.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) **10** Monitoring well

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

Water Well Disinfected? Yes _____ No **X**

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 _____
Blank casing diameter 2.375 in. to 4.0 ft., Dia _____		7 Fiberglass _____		Threaded X

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	7 PVC	10 Asbestos-cement _____
2 Brass	4 Galvanized steel	6 Concrete tile _____	8 RMP (SR)	11 Other (specify) _____
SCREEN OR PERFORATION OPENINGS ARE:			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-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? **Southwest** How many feet? **200**

FROM		TO	CODE	LITHOLOGIC LOG
0.0		6.0		Brown silty clay, very firm, slightly moist
6.0		17.0		Brown, slightly gray, very silty clay, gravelly, sandstone fragments, firm, moist
17.0		20.0		Brown, slightly gray, very silty clay, gravelly, sandstone fragments, wet
20.0		21.0		Dark olive-gray shale, dry
21.0		23.0		Gray shale, limestone pebbles, very slightly moist
				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.