

1 LOCATION OF WELL: <u>Wagonwells</u>		Fraction <u>N 1/4 SE 1/4 SE 1/4</u>		Section Number <u>14</u>		Township Number <u>T 11 S</u>		Range Number <u>R 24 E</u>		
Distance and direction from nearest town or city street address of well if located within city?										
2 WATER WELL OWNER: <u>Kan Valley Drainage District - Turner Pump Station</u>										
RR#, St. Address, Box # : <u>55th and Kansas Ave.</u>										
City, State, ZIP Code : <u>Kansas City, KS</u>										
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>48</u> ft. ELEVATION: <u>766.17 MSL</u>								
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.								
		WELL'S STATIC WATER LEVEL <u>41.51</u> ft. below land surface measured on mo/day/yr <u>3/1/99</u>								
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm								
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm								
		Bore Hole Diameter <u>8</u> in. to _____ ft. and _____ in. to _____ ft.								
		WELL WATER TO BE USED AS:								
		5 Public water supply 8 Air conditioning 11 Injection well								
		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)								
		2 Irrigation 4 Industrial 7 Lawn and garden only <u>10 Monitoring well</u>								
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>✓</u> If yes, mo/day/yr sample was submitted _____								
		Water Well Disinfected? Yes _____ No <u>✓</u>								
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 _____										
3 Fiberglass _____ Threaded <u>✓</u>										
Blank casing diameter <u>2</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.										
Casing height above land surface <u>-0.39</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>40</u>										
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 <u>48</u> ft. to <u>33</u> ft., From _____ ft. to _____ ft.										
From _____ ft. to _____ ft., From _____ ft. to _____ ft.										
GRAVEL PACK INTERVALS: From <u>48</u> ft. to <u>33</u> ft., From _____ ft. to _____ ft.										
From _____ ft. to _____ ft., From _____ ft. to _____ ft.										
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____										
Grout intervals: From <u>33</u> ft. to <u>31</u> ft., From <u>31</u> ft. to <u>0</u> 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 15 Oil well/Gas well										
3 Watertight sewer lines 6 Seepage pit 9 Feedyard <u>12 Fertilizer storage</u> 16 Other (specify below) _____										
13 Insecticide storage _____										
Direction from well? _____ How many feet? _____										
LITHOLOGIC LOG										
FROM	TO	LITHOLOGIC LOG						FROM	TO	PLUGGING INTERVALS
0	10	Clay, Dark Green, fine, fat, sewage odor								
10	25	Silt, slightly sandy, dark green, slightly moist, no odor								
25	35	Sand, tan, fine grain, unconsolidated, no odor								
35	48	Sand, tan, medium-coarse grain, unconsolidated, wet at 42'								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>2/1/99</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>656</u> This Water Well Record was completed on (mo/day/yr) <u>3/1/99</u> under the business name of <u>Charles Harper / Elmer and Associates</u> by (signature) <u>Charles Harper</u>										
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.										