

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Waggonette</u>		<u>NE 1/4 SE 1/4 SE 1/4</u>	<u>14</u>	T <u>11</u> S	R <u>24</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city?					
<u>MW4</u>					
2 WATER WELL OWNER: <u>low valley Drainage District - Turner Pump station</u>					
RR#, St. Address, Box #: <u>55th & 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>44.2</u> ft. ELEVATION: <u>766.18</u> <u>MSL</u>			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>34.47</u> ft. below land surface measured on mo/day/yr <u>3/11/99</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 ☒ Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes _____ No ☒					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ ☒ PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface _____ in. weight _____ lbs./ft. Wall thickness or gauge No. <u>40</u> TYPE OF SCREEN OR PERFORATION MATERIAL: ☒ PVC 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 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 SCREEN-PERFORATED INTERVALS: From <u>44.2</u> ft. to <u>39.2</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>44.2</u> ft. to <u>39.2</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement ☒ Cement grout ☒ Bentonite 4 Other _____					
Grout Intervals: From <u>39.2</u> ft. to <u>37.2</u> ft. From <u>37.2</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 ☒ 11 Fuel storage 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)					
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	clay, dark grey, sat, moist, sewage odor			
10	20	silt, slightly sandy, grey, fine grain, dry, powdery, no odor			
20	30	sand, tan, fine grain, unconsolidated, dry, no odor			
30	44	sand, fine-medium grain, tan-grey, unconsolidated, moist			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>2/17/99</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>3/11/99</u>					
under the business name of <u>Charles Hager/Elect and</u> by (signature) <u>Charles Hager</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.					

OFFICE USE ONLY

T

R

EW

SEC.

1/4

1/4

1/4