

1 LOCATION OF WATER WELL: County: <u>WABASH CO</u>	Fraction: <u>SE 1/4 NE 1/4 NW 1/4</u>	Section Number: <u>17</u>	Township Number: <u>T 12 S</u>	Range Number: <u>R 10 E</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>on old 18 Hwy 6.2 miles west of Alma KS</u>					
2 WATER WELL OWNER: <u>Dale Correll</u> RR#, St. Address, Box #: <u>3136 Geop Rd.</u> City, State, ZIP Code: <u>Abilene, KS 67410</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>60</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered: 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL: <u>40</u> ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield: <u>16</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Domestic (lawn & garden) <input type="checkbox"/> 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? <input checked="" type="checkbox"/> Yes _____ No			
5 TYPE OF BLANK CASING USED:					
1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> CASING JOINTS: <input checked="" type="checkbox"/> Glued _____ <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) _____ <input type="checkbox"/> 7 Fiberglass _____ Blank casing diameter: <u>5"</u> in. to <u>40</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface: <u>2'</u> in., weight <u>50 lbs</u> lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel <input type="checkbox"/> 3 Stainless Steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 10 Asbestos-Cement <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized Steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (Specify) _____ 12 None used (open hole) <input type="checkbox"/>					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot <input type="checkbox"/> 3 Mill slot <input checked="" type="checkbox"/> <u>25/100'</u> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 12 Other (specify) _____ ft. 7 Torch cut <input type="checkbox"/>					
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input checked="" type="checkbox"/> 4 Other _____					
Grout intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 4 Lateral lines <input checked="" type="checkbox"/> 5 Pit privy <input type="checkbox"/> 6 Sewage lagoon <input type="checkbox"/> 7 Feedyard <input type="checkbox"/> 8 Livestock pens <input type="checkbox"/> 9 Abandoned water well <input type="checkbox"/> 10 Fuel storage <input type="checkbox"/> 11 Fertilizer storage <input type="checkbox"/> 12 Insecticide storage <input type="checkbox"/> 13 Other (specify below) _____					
Direction from well? <u>2,000' S.E.</u> How many feet? <u>2,000'</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
1	4	Limestone			
4	14	Yellow shale			
14	16	Limestone			
16	28	Greenish shale			
28	35	Gray shale			
35	40	Limestone			
40	42	Brown shale			
42	60	Limestone (water)			
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/year) <u>7/4/2003</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <u>451</u> This Water Well Record was completed on (mo/day/yr) <u>7/6/2003</u> under the business name of <u>Holdman Well Drilling</u> by (signature) <u>Clay G. Holdman</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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					