

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>WABAUNSEE</u>		<u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>32</u>	T <u>12</u> S	R <u>12</u> <u>EN</u>
Distance and direction from nearest town or city street address of well if located within city? <u>6.5 MILES NORTH OF ESKRIDGE PA HWY 4, 1.5 MILES WEST</u>					
2 WATER WELL OWNER: <u>RON HARTLEIN</u>		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : <u>ROUTE 1, BOX 164A</u>		Application Number: _____			
City, State, ZIP Code : <u>ESKRIDGE, KS 66423</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>105</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. <u>86</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>80</u> ft. below land surface measured on mo/day/yr <u>3/6/00</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>3</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8.75</u> in. to <u>8.5</u> in. to _____ in. to _____ in.			
		WELL WATER TO BE USED AS:			
		1 Domestic <input checked="" type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) _____ 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well <input type="checkbox"/>			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel <input type="checkbox"/>		3 RMP (SR) <input type="checkbox"/>		8 Concrete tile <input type="checkbox"/>	
2 PVC <input checked="" type="checkbox"/>		4 ABS <input type="checkbox"/>		9 Other (specify below) _____	
Blank casing diameter <u>5</u> in. to <u>8.5</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		5 Wrought iron <input type="checkbox"/>		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>		6 Asbestos-Cement <input type="checkbox"/>		Welded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 Fiberglass <input type="checkbox"/>		Threaded _____	
1 Steel <input type="checkbox"/>		8 RMP (SR) <input type="checkbox"/>		10 Asbestos-cement <input type="checkbox"/>	
2 Brass <input type="checkbox"/>		9 ABS <input type="checkbox"/>		11 Other (specify) _____	
3 Stainless steel <input type="checkbox"/>		12 None used (open hole) <input type="checkbox"/>			
4 Galvanized steel <input type="checkbox"/>					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped <input type="checkbox"/>		8 Saw cut <input type="checkbox"/>	
1 Continuous slot <input type="checkbox"/>		6 Wire wrapped <input type="checkbox"/>		9 Drilled holes <input type="checkbox"/>	
2 Louvered shutter <input type="checkbox"/>		7 Torch cut <input type="checkbox"/>		10 Other (specify) _____	
3 Mill slot <input checked="" type="checkbox"/>		11 None (open hole) <input type="checkbox"/>			
4 Key punched <input type="checkbox"/>					
SCREEN-PERFORATED INTERVALS:		From <u>85</u> ft. to <u>105</u> ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From <u>25</u> ft. to <u>105</u> ft.		From _____ ft. to _____ ft.	
		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 <input type="checkbox"/>					
Grout Intervals: From <u>0</u> ft. to <u>25</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:		7 Pit privy <input type="checkbox"/>		10 Livestock pens <input checked="" type="checkbox"/>	
1 Septic tank <input type="checkbox"/>		8 Sewage lagoon <input type="checkbox"/>		11 Fuel storage <input type="checkbox"/>	
2 Sewer lines <input type="checkbox"/>		9 Feedyard <input type="checkbox"/>		12 Fertilizer storage <input type="checkbox"/>	
3 Watertight sewer lines <input type="checkbox"/>				13 Insecticide storage <input type="checkbox"/>	
4 Lateral lines <input type="checkbox"/>				14 Abandoned water well <input type="checkbox"/>	
5 Cess pool <input type="checkbox"/>				15 Oil well/Gas well <input type="checkbox"/>	
6 Seepage pit <input type="checkbox"/>				16 Other (specify below) _____	
Direction from well? <u>NORTH</u>		How many feet? <u>300 PLUS</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	SOIL			
2	19	LIMESTONE, YELLOW			
19	27	SHALE, GRAY			
27	36	SHALE, BROWN			
36	50	SHALE, GRAY			
50	53	LIMESTONE, GRAY			
53	59	SHALE, GRAY			
59	62	SHALE, DARK GRAY			
62	68	SHALE, GRAY			
68	70	LIMESTONE, GRAY			
70	85	SHALE, GRAY			
85	86	LIMESTONE			
86	93	SHALE, GRAY			
93	96	LIMESTONE			
96	105	SHALE, GRAY			
<u>105 TOTAL DEPTH</u>					
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>3/6/00</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>585</u> This Water Well Record was completed on (mo/day/yr) <u>3/6/00</u> under the business name of <u>ASSOC ENVIRONMENTAL INC</u> by (signature) <u>[Signature]</u>					