

1 LOCATION OF WATER WELL: Fraction NW 1/4 SW 1/4 SE 1/4		Section Number 30		Township Number T 12 S		Range Number R 12 E	
County: WABASH Distance and direction from nearest town or city street address of well if located within city? From Kewanee: 4.5 miles west 1 1/4 miles north							
2 WATER WELL OWNER: JERRY WILLARD ATTN: TJ WILLARD							
RR#, St. Address, Box # : ROUTE 1 BOX 94 City, State, ZIP Code : Kewanee, IL 61442				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: 65 ft. ELEVATION: _____					
		Depth(s) Groundwater Encountered 1. 20 ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL 14 ft. below land surface measured on mo/day/yr 1/4/2001 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 30 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 8.75 in. to 6.5 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 Domestic (lawn & garden) 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 X No					
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped. 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter 5 in. to 2.5 ft., Dia 5 in. to 55-85 ft., Dia _____ in. to _____ ft. Casing height above land surface 24 in., weight _____ lbs./ft. Wall thickness or gauge No. SDR 26 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) _____ 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Gauzed wrapped 5 Wire wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify) _____ ft. SCREEN-PERFORATED INTERVALS: From 55 ft. to 65 ft., From _____ ft. to _____ ft. From 25 ft. to 35 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 15 ft. to 65 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 0 ft. to 15 ft., From _____ ft. to _____ 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 12 Fertilizer storage 16 Other (specify below) CRACK Direction from well? EAST How many feet? 60							
FROM TO LITHOLOGIC LOG				FROM TO PLUGGING INTERVALS			
0 18 CLAY, BROWN							
18 20 GRAVEL, COARSE							
20 44 LIMESTONE, TAN/YELLOW							
44 65 FRAGMENTED w/ CLAY LENSES							
65 65 SHALE, GRAY							
TOTAL DEPTH							
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) 1/11/2001 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. 585 This Water Well Record was completed on (mo/day/yr) 1/18/2001 under the business name of ASSOCIATED ENVIRONMENTAL INC. by (signature) [Signature]							
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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.							