

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number				
County: LEAVENWORTH		NW 1/4 NW 1/4 SE 1/4	30	T 12 S	R 21 EW				
Distance and direction from nearest town or city street address of well if located within city? 1 1/2 M S OF 32 HWY & 230TH ST. 1/4 M EAST									
2 WATER WELL OWNER: MARY GUTHRIE									
RR#, St. Address, Box # : 22859 TALL LEAF AD			Board of Agriculture, Division of Water Resources						
City, State, ZIP Code LINWOOD KS 66052			Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 100 ft. ELEVATION:							
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. 28' ft. 2. ft. 3. ft.			
		NW	NE						
		SW	SE						
		WELL'S STATIC WATER LEVEL 28 ft. below land surface measured on mo/day/yr 6/28/93							
Pump test data: Well water was ft. after hours pumping gpm									
Est. Yield 5 gpm: Well water was ft. after hours pumping gpm									
Bore Hole Diameter 10 in. to 40 ft., and 8 1/2 in. to 100 ft.									
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 Lawn and garden only <input type="checkbox"/> 10 Monitoring well									
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:									
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below)									
<input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 10 Asbestos-cement									
Blank casing diameter 5 1/2 in. to 30 ft., Dia 5 1/2 in. to 190 ft., Dia in. to ft.									
Casing height above land surface 18 1/2 in., weight lbs./ft. Wall thickness or gauge No. SDR 26									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 7 PVC <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)									
<input type="checkbox"/> 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
<input checked="" type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 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"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify)									
SCREEN-PERFORATED INTERVALS: From 30 ft. to 40 ft., From ft. to ft.									
From ft. to ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From 100 ft. to 41 ft., From ft. to ft.									
From ft. to ft., From ft. to ft.									
6 GROUT MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other									
Grout Intervals: From 28 ft. to 3 ft., From ft. to ft., From ft. to ft.									
What is the nearest source of possible contamination:									
<input type="checkbox"/> 1 Septic tank <input checked="" type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well									
<input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well									
<input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below)									
<input type="checkbox"/> 13 Insecticide storage									
Direction from well? How many feet? 100'									
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS				
0	2	SURFACE			12X20 SAND PACK				
2	10	CLAY			FROM 4' TO 28'				
10	30	MUDDY YELLOW SAND							
30	32	BLUE MUD							
32	38	SHALE							
38	46	SANDSTONE SOFT							
46	51	LIME DARK GRAY							
51	59	SHALE							
59	71	LIME							
71	78	SHALE							
78	84	LIME							
84	100	SHALE							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 6/28/93 and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 240 This Water Well Record was completed on (mo/day/yr) 7/11/93									
under the business name of FE YOUNG DRILLING CO by (signature) Red Young									
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.									

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