

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>LEAVENWORTH</u>		SW 1/4 NW 1/4 NW 1/4	8	T 12 S	R 22 <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1 1/2 miles east, 1 3/4 north of Linwood</u>					
2 WATER WELL OWNER: <u>Pat & Tamie McGinnis</u>					
RR#, St. Address, Box # : <u>18177 Cantrell</u>		<u>Breuer job</u>		Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>Linwood, KS 66052</u>		Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>120'</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>15'</u> ft. below land surface measured on mo/day/yr <u>04/15/98</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 3/4</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 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <u>X</u> No					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 PVC		4 ABS	7 Fiberglass		Threaded _____
Blank casing diameter <u>5"</u> in. to <u>0-20</u> ft. Dia <u>5"</u> in. to <u>60-119</u> ft. Dia _____ in. to _____ ft.					
Casing height above land surface <u>24"</u> in. weight <u>2.82</u> lbs./ft. Wall thickness or gauge No. <u>258</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
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	
			7 Torch cut	10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>20</u> ft. to <u>60</u> ft. From _____ ft. to _____ ft.					
From <u>119</u> ft. to <u>120</u> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>18</u> ft. to <u>120</u> 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 <u>0</u> ft. to <u>18</u> 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)
				13 Insecticide storage	
Direction from well? <u>west</u>		How many feet? <u>200'</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
1	27	Sandstone-Brown			
27	30	Shale-Grey			
30	34	Limestone-Grey			
34	38	Shaley LS-Grey			
38	56	Limestone-Grey			
56	62	Shale-Black			
62	68	Limestone-Grey			
68	76	Shale-Grey			
76	77	Limestone-Grey			
77	87	Shale-Grey			
87	105	Limestone-Grey			
105	109	Shale-Grey			
109	111	Shale-Red			
111	120	Shale-Grey			
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>04/15/98</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>182</u>		This Water Well Record was completed on (mo/day/yr) <u>4-23-98</u>			
under the business name of <u>STRADER DRILLING CO., INC.</u>		by (signature) <u>Dale Askren</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

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