

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Johnson</u>		<u>SE 1/4</u> <u>SE 1/4</u> <u>NW 1/4</u>	<u>19</u>	<u>T 13 S</u>	<u>R 22</u> <u>East</u>
Distance and direction from nearest town or city street address of well if located within city?					
<u>2.5 miles south of Clearview City, Kansas</u>					
2 WATER WELL OWNER:		Well No. <u>MW-81-35</u>			
RR#, St. Address, Box # :		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code :		Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL..... <u>42.0</u> ... ft. ELEVATION: <u>908.49</u>			
		Depth(s) Groundwater Encountered 1..... ft. 2..... ft. 3..... ft.			
		WELL'S STATIC WATER LEVEL <u>9.0</u> ft. below land surface measured on mo/day/yr <u>8-24-95</u>			
		Pump test data: Well water was ft. after hours pumping gpm			
		Est. Yield gpm: Well water was ft. after hours pumping gpm			
		Bore Hole Diameter..... 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 ☒ 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 No <u>X</u>					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<u>2 PVC</u>		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>4</u> in. to ft., Dia in. to ft., Dia in. to ft.				8 Concrete tile	
Casing height above land surface..... in., weight lbs./ft. Wall thickness or gauge No.				9 Other (specify below)	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 <u>PVC</u>	
SCREEN OR PERFORATION OPENINGS ARE:				8 RMP (SR)	
1 Continuous slot		3 Mill slot		9 ABS	
2 Louvered shutter		4 Key punched		10 Asbestos-cement	
				11 Other (specify)	
SCREEN-PERFORATED INTERVALS:		From <u>6.0</u> ft. to <u>40.0</u> ft., From ft. to ft.		12 None used (open hole)	
		From ft. to ft., From ft. to ft.		10 Gauzed wrapped	
GRAVEL PACK INTERVALS:		From <u>5.0</u> ft. to <u>42.0</u> ft., From ft. to ft.		8 Saw cut	
		From ft. to ft., From ft. to ft.		11 None (open hole)	
				9 Drilled holes	
				10 Other (specify)	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite <u>X</u> Other <u>microfine cement</u>					
Grout Intervals: From <u>3.0</u> ft. to <u>42.0</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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				<u>X</u> Other (specify below)	
Direction from well?		<u>N/A</u>		How many feet? <u>within</u> <u>NG</u> Area	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			<u>0.0</u>	<u>3.0</u>	clay soil-tamped
			<u>3.0</u>	<u>42.0</u>	Well abandoned by staged pressure grouting with
					ADDIMENT-MICROCEM microfine cement.
A packer was placed approx. 10' above bottom of the well, 12 to 25 gallons of grout pumped at up to 50 psi. The packer was then moved up 10' and another 12 to 25 gallons of grout pumped at up to 50 psi. The procedure was repeated until the entire well annulus and casing were filled to the surface with grout. All surface features were removed, the well casing was excavated to a depth of 3', the casing cut off, then the hole backfilled with clay soil and tamped.					
CF:	KDHE, Bureau of Water	Calculated grout volume =	51.0 gal		
	SFAAP	Actual grout take =	53.0 gal		
	USACE-MRK-EP-GG				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>8-24-95</u> This Water Well Record was completed on (mo/day/yr) under the business name of by (signature) <u>Steve A. Piorek</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.					