

<b>1) LOCATION OF WATER WELL:</b> County: <u>Wabunsee</u>		Fraction <u>SE 1/4 SE 1/4 NE 1/4</u>	Section Number <u>24 NW</u>	Township Number <u>T 13 N R 9 E</u>	Range Number <u>R 9 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From ALTA VISTA GO 6 miles WEST EAST</u> <u>on Highway 4 + then Go 4 miles North</u>					
<b>2) WATER WELL OWNER:</b> <u>Arthur Fink</u> RR#, St. Address, Box # : <u>RR#1</u> City, State, ZIP Code : <u>Alma, KS 66401</u>					
Board of Agriculture, Division of Water Resources Application Number:					
<b>3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4) DEPTH OF COMPLETED WELL:</b> <u>40'</u> ft. <b>ELEVATION:</b> _____ ft.			
		Depth(s) Groundwater Encountered 1. <u>21</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>7</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>10</u> in. to <u>40'</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Air conditioning <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? <input checked="" type="checkbox"/> Yes _____ No _____					
<b>5) TYPE OF BLANK CASING USED:</b>					
<input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS		<input type="checkbox"/> Wrought iron <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Fiberglass		<input type="checkbox"/> Concrete tile <input type="checkbox"/> Other (specify below)	
Blank casing diameter <u>5</u> in. to <u>20</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface <u>2</u> in., weight <u>Sch 40</u> lbs./ft. Wall thickness or gauge No. _____			
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>					
<input type="checkbox"/> Steel <input type="checkbox"/> Brass <input type="checkbox"/> Stainless steel <input type="checkbox"/> Galvanized steel		<input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete tile		<input checked="" type="checkbox"/> PVC <input type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-cement <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None used (open hole)	
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>					
<input type="checkbox"/> Continuous slot <input type="checkbox"/> Louvered shutter <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Key punched		<input type="checkbox"/> Gauzed wrapped <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Torch cut		<input type="checkbox"/> Saw cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None (open hole)	
<b>SCREEN-PERFORATED INTERVALS:</b> From <u>20</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
<b>GRAVEL PACK INTERVALS:</b> From <u>20</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
<b>6) GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____					
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input type="checkbox"/> Septic tank <input type="checkbox"/> Sewer lines <input type="checkbox"/> Watertight sewer lines		<input type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool <input type="checkbox"/> Seepage pit		<input type="checkbox"/> Livestock pens <input type="checkbox"/> Fuel storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feedyard		<input type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well <input type="checkbox"/> Other (specify below)		How many feet?	
Direction from well?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Top Soil			
2	21	Brown Clay			
21	24	Brown Clay & Gravel (water)			
24	26	Limstone			
26	40'	Light Grey Shale			
<b>7) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>11/16/93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>451</u> This Water Well Record was completed on (mo/day/yr) <u>11/21/93</u> under the business name of <u>Hallman Well Drilling</u> by (signature) <u>[Signature]</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.					