

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Wabaunsee</u>		<u>NW 1/4 NE 1/4 SE 1/4</u>	<u>6</u>	<u>T 13 S</u>	<u>R 9 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From Alta Vista 5 mi north and 1/2 east way Crow Flies</u>					
2 WATER WELL OWNER: <u>Riff Riffman</u>					
RR#, St. Address, Box # : City, State, ZIP Code : <u>Alta Vista Kans 67410</u>				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 <u>76</u> ft. ELEVATION: <u>57-59</u> ft.			
		Depth(s) Groundwater Encountered 1. <u>57-59</u> ft. 2. <u>57-59</u> ft. 3. <u>57-59</u> ft.			
		WELL'S STATIC WATER LEVEL <u>57-59</u> ft. below land surface measured on mo/day/yr <u>4-2-85</u>			
		Pump test data: Well water was <u>16</u> ft. after <u>6 1/2</u> hours pumping <u>16</u> gpm			
		Est. Yield <u>16</u> gpm: Well water was <u>16</u> ft. after <u>6 1/2</u> hours pumping <u>16</u> gpm			
		Bore Hole Diameter <u>11</u> in. to <u>16</u> ft., and <u>6 1/2</u> in. to <u>76</u> 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"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes <u>X</u> No <u>X</u> ; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <u>X</u> No <u>X</u>			
5 TYPE OF BLANK CASING USED:					
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped <u>X</u> <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) Welded <u>X</u> <input type="checkbox"/> Blank casing diameter <u>5</u> in. to <u>3 1/2</u> ft., Dia <u>5</u> in. to <u>76</u> ft., Dia <u>5</u> in. to <u>76</u> ft., Dia <u>5</u> in. to <u>76</u> ft. Casing height above land surface <u>12</u> in., weight <u>200</u> lbs./ft. Wall thickness or gauge No. <u>267</u> Wall					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) <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"/> 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input checked="" 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 <u>76</u> ft. to <u>3 1/2</u> ft., From <u>76</u> ft. to <u>3 1/2</u> ft., From <u>76</u> ft. to <u>3 1/2</u> ft.					
GRAVEL PACK INTERVALS: From <u>76</u> ft. to <u>16</u> ft., From <u>76</u> ft. to <u>16</u> ft., From <u>76</u> ft. to <u>16</u> ft.					
6 GROUT MATERIAL: <input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other					
Grout Intervals: From <u>5</u> ft. to <u>16</u> ft., From <u>5</u> ft. to <u>16</u> ft., From <u>5</u> ft. to <u>16</u> ft.					
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank <input 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 <input type="checkbox"/> 14 Abandoned water well					
Direction from well? <u>East</u> How many feet? <u>4 miles</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	topsoil			
2	10	Rock, Limestone			
10	25	Shale, Red			
25	32	Rock, Hard Limestone			
32	48	Shale Blue			
48	57	Shale Red			
57	59	Rock Limestone Very Hard & Water			
59	76	Shale Blue			
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>4-2-1985</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>237</u> This Water Well Record was completed on (mo/day/yr) <u>April 9-1985</u> under the business name of <u>Shaders Reeling Co.</u> by (signature) <u>Karol Shaders</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					