

1 LOCATION OF WATER WELL: County: <u>Wabaunsee</u>		Fraction <u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$		Section Number <u>17</u>	Township Number <u>13</u> S	Range Number <u>9</u> R <u>EW</u>																																																																																																
Distance and direction from nearest town or city street address of well if located within city? <u>4 miles north of Alta Vista</u>																																																																																																						
2 WATER WELL OWNER: <u>Harry Heidman</u> RR#, St. Address, Box #: <u>r.r</u> City, State, ZIP Code: <u>Alta Vista, Kansas .66834</u> Board of Agriculture, Division of Water Resources Application Number:																																																																																																						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"><p>1 Mile</p></div>		4 DEPTH OF COMPLETED WELL: <u>83</u> ft. ELEVATION: ft. Depth(s) Groundwater Encountered <u>1</u> ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL: <u>55</u> ft. below land surface measured on mo/day/yr <u>7-3-1986</u> Pump test data: Well water was ft. after hours pumping gpm Est. Yield <u>5</u> gpm: Well water was ft. after hours pumping gpm Bore Hole Diameter <u>8</u> in. to <u>83</u> ft., and in. to ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic <u>X</u> 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation 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) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped 2 PVC <u>X</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded 7 Fiberglass Threaded Blank casing diameter <u>5</u> in. to <u>83</u> ft., Dia in. to ft., Dia in. to ft. Casing height above land surface <u>24</u> in., weight <u>200</u> lbs./ft. Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC <u>X</u> 10 Asbestos-cement 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: 5 Gauzed wrapped 8 Saw cut <u>X</u> 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From <u>40</u> ft. to <u>60</u> ft., From ft. to ft. From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>83</u> ft., From ft. to ft. From ft. to ft., From ft. to ft.																																																																																																						
6 GROUT MATERIAL: 0 Neat cement 10 2 Cement grout 3 Bentonite <u>X</u> 4 Other Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: 1 Septic tank <u>*</u> 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>NE</u> How many feet? <u>100</u>																																																																																																						
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th></tr></thead><tbody><tr><td>0</td><td>1</td><td>Top spil</td><td></td><td></td><td></td></tr><tr><td>1</td><td>6</td><td>Brown clay</td><td></td><td></td><td></td></tr><tr><td>6</td><td>10</td><td>Limestone</td><td></td><td></td><td></td></tr><tr><td>10</td><td>11</td><td>Flint</td><td></td><td></td><td></td></tr><tr><td>11</td><td>15</td><td>Limestone</td><td></td><td></td><td></td></tr><tr><td>15</td><td>16</td><td>Blue shale</td><td></td><td></td><td></td></tr><tr><td>16</td><td>30</td><td>Limestone</td><td></td><td></td><td></td></tr><tr><td>30</td><td>35</td><td>Blue shale</td><td></td><td></td><td></td></tr><tr><td>35</td><td>55</td><td>Green shale</td><td></td><td></td><td></td></tr><tr><td>55</td><td>57</td><td>Limestone (broken)</td><td></td><td></td><td></td></tr><tr><td>57</td><td>83</td><td>Green shale</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>							FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	0	1	Top spil				1	6	Brown clay				6	10	Limestone				10	11	Flint				11	15	Limestone				15	16	Blue shale				16	30	Limestone				30	35	Blue shale				35	55	Green shale				55	57	Limestone (broken)				57	83	Green shale																											
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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>7-3-1986</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>234D</u> This Water Well Record was completed on (mo/day/yr) <u>7-3-1986</u> under the business name of <u>Blue Valley Drilling</u> by (signature) <u>Betty Jo Strader</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.																																																																																																						