

1 LOCATION OF WATER WELL: County: JOHNSON	Fraction NE 1/4 NE 1/4 SW 1/4	Section Number 26	Township Number T 14 S	Range Number R 24 E
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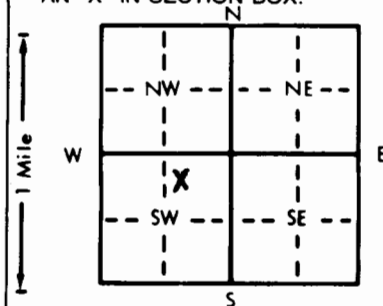
Distance and direction from nearest town or city street address of well if located within city?

2 1/2 MI W OF INTERSECTION OF 69THWY & 179TH STREET2 WATER WELL OWNER: **T.D. DONAHUE**RR#, St. Address, Box # : **12407 FLINT**City, State, ZIP Code : **OVERLAND PARK KS 66213**

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 **220'** ft. ELEVATION:Depth(s) Groundwater Encountered 1. **DRY HOLE** ft. 3. ft.WELL'S STATIC WATER LEVEL **DRY** ft. below land surface measured on mo/day/yr

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield **DRY** gpm Well water was ft. after hours pumping gpmBore Hole Diameter **8 1/2** 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 Observation well

Was a chemical/bacteriological sample submitted to Department? Yes No **X**; If yes, mo/day/yr sample was submittedWater Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED:

5 Wrought iron

8 Concrete tile

CASING JOINTS: Glued Clamped

1 Steel 3 RMP (SR)

6 Asbestos-Cement

9 Other (specify below)

Welded

2 PVC 4 ABS

7 Fiberglass

Threaded

Blank casing diameter in. to ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel

5 Fiberglass

7 PVC

10 Asbestos-cement

2 Brass 4 Galvanized steel

6 Concrete tile

8 RMP (SR)

11 Other (specify) **DRY HOLE**

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 ft. to ft., From ft. to ft.

From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **DRY HOLE** 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 **220** ft. to **3** 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

POND

Direction from well?

How many feet? **150'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	SURFACE	202	204	LIME
2	8	CLAY	204	212	SHALE
8	12	LIME	212	220	LIME
12	19	SHALE WEATHERED			
19	23	SHALE			
23	94	LIME			
94	115	SHALE			
115	123	LIME			
123	137	SHALE			
137	143	SHALE RED			
143	152	SHALE			
152	163	LIME			
163	183	SHALE			
183	185	LIME			
185	202	SHALE			

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) **9/24/88** and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. **240** This Water Well Record was completed on (mo/day/yr) **10/12/88**under the business name of **F.E. YOUNG DRILLING CO** by (signature) **Redding**

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.