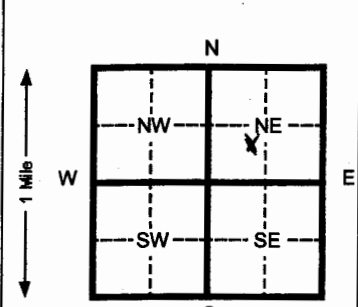


1 LOCATION OF WATER WELL: County: **Dickenson** Fraction: **NE 1/4 SW 1/4 NE 1/4** Section Number: **12** Township Number: **T 14 S** Range Number: **R 3 E**

Distance and direction from nearest town or city street address of well if located within city?
1754 Quail, Pearl, Kansas

2 WATER WELL OWNER: **Alida Pearl Coop**
 RR#, St. Address, Box #: **P.O. Box 849** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Chapman, Ks 67431** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **60** ft. ELEVATION:

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL: **40.44** ft. below land surface measured on mo/day/yr **11-03-2004**
 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: **8.625** in. to **60** ft. and _____ in. to _____ Ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 **Monitoring well MW-8**
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was Submitted _____
 Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 2 **PVC** 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____
 7 Fiberglass _____ Threaded **X**

Blank casing diameter: **2** in. to **30** Ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ Ft.
 Casing height above land surface: **FLUSH** in., weight **SCH 40** 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) _____
 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 **30** ft. to **60** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 SAND PACK INTERVALS: From **28** ft. to **60** 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 3 **26** ft. to **28** ft. From 2 **0** ft. to **26** 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)**
Contaminated Site
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	8		Silty Clay, brown, plastic			
8	44		Mudstone			
44	50		Limestone			
50	60		Shale			
60	TD		End of Borehole			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w
 Completed on (mo/day/yr) **11/01/04** And this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **11/06/04**
 Under the business name of **Associated Environmental, Inc.** By (signature) **Darin R Duncan**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.

OFFICE USE ONLY

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