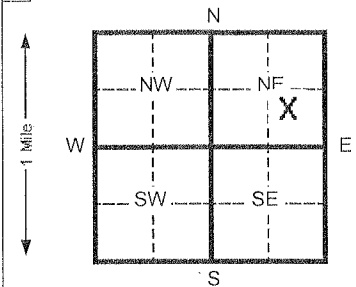


1 LOCATION OF WATER WELL: Fraction **NW 1/4 SE 1/4 NE 1/4** Section Number **2** Township Number **T 14 S** Range Number **R 8 E**  
 County: **Wabaunsee**

Distance and direction from nearest town or city street address of well if located within city?  
**NE corner of Logan St. & Spencer St. intersection, Alta Vista, KS**

2 WATER WELL OWNER: **KDHE-BER UST (Abandoned UST, Alta Vista)**  
 RR#, St. Address, Box # : **1000 SW Jackson; Suite 410** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Topeka, KS 66612** Application Number:

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



4 DEPTH OF COMPLETED WELL **50** ft. ELEVATION: **1452.45**  
 Depth(s) Groundwater Encountered 1.5 **33** ft. 2 ft. 3 ft. Ft.  
 WELL'S STATIC WATER LEVEL **42.79** ft. below land surface measured on mo/day/yr **02/12/14**  
 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 **6.5** in. to **50** 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-18**  
 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 **25** 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 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:  
 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 **25** ft. to **50** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 SAND PACK INTERVALS: From **23** ft. to **50** 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 2 **0.5** Ft. to **21** Ft. From 3 **21** Ft. to **23** 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**  
 13 Insecticide storage

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1		Soil			
1	12		Silty Clay			
12	14		Limestone			
14	18		Shale			
18	26		Limestone			
26	40		Shale			
40	44		Limestone			
44	50		Shale			
50	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 was Completed on (mo/day/yr) **01/28/14** 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) **02/28/14** under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J. Johnson**

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.

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