

1 LOCATION OF WATER WELL		Fraction <u>NW 1/4 NW 1/4 SW 1/4</u>	Section Number <u>6</u>	Township Number <u>T 17 S</u>	Range Number <u>R 9 E/W</u>
County: <u>Wabasha</u>		Distance and direction from nearest town or city? <u>Alta Vista</u> <u>2 mi east on highway 4 north on east side of road</u>			
2 WATER WELL OWNER: <u>Cary M. Macy</u>		Board of Agriculture, Division of Water Resources Application Number: _____			
RR#, St. Address, Box # <u>5 ranch</u>		City, State, ZIP Code <u>Alta Vista Kans 66834</u>			
3 DEPTH OF COMPLETED WELL. <u>145</u> ft. Bore Hole Diameter <u>10</u> in. to <u>15</u> ft., and <u>6 1/2</u> in. to <u>145</u> ft.					
Well Water to be used as: <u>1 Domestic</u> 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)					
Well's static water level <u>37</u> ft. below land surface measured on <u>2</u> month <u>16</u> day <u>80</u> year					
Pump Test Data Est. Yield <u>1</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
4 TYPE OF BLANK CASING USED: <u>2 PVC</u> 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued <u>X</u> Clamped _____ <u>5</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing dia <u>5</u> in. to <u>145</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>.067 wall</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL: <u>1 Steel</u> 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: <u>.040</u> 5 Gauzed wrapped <u>8 Saw cut</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-Perforation Dia <u>5</u> in. to <u>145</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Screen-Perforated Intervals: From <u>65-45</u> ft. to <u>105-85</u> ft., From <u>145-125</u> ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. Gravel Pack Intervals: From <u>145</u> ft. to <u>15</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
5 GROUT MATERIAL: 1 Neat cement <u>2 Cement grout</u> 3 Bentonite 4 Other _____ Grouted Intervals: From <u>15</u> ft. to <u>5</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <u>septic tank</u> 10 Fuel storage 14 Abandoned water well <u>1 Septic tank</u> 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below) 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines					
Direction from well <u>north</u> How many feet <u>200</u> ? Water Well Disinfected? Yes <u>X</u> No _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <u>X</u> If Yes: Pump Manufacturer's name <u>N.A.</u> Model No. _____ HP _____ Volts _____ Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min. Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____					
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>2</u> month <u>26</u> day <u>1981</u> year. 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 <u>26</u> month <u>26</u> day <u>1981</u> year under the business name of <u>Strader Drilling Co.</u> by (signature) <u>Harold Strader</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG			
<p>ELEVATION: <u>1440 PM</u></p>		FROM	TO	LITHOLOGIC LOG	
		0	3	top soil	
		3	28	clay, yellow sticky	
		28	48	Rock, yellow limst. water	
		48	98	Shale, Blue	
98	105	shale, red			
105	145	Shale, Blue			
Depth(s) Groundwater Encountered 1. <u>45</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)					

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.