

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Lyon	NW ¼ NE ¼ SW ¼	20	T 16 S	R 12 E	
Distance and direction from nearest town or city street address of well if located within city? 5th and Main, Admire, Kansas					
2 WATER WELL OWNER: Robert Mundy					
RR#, St. Address, Box # : 3149 Road S5			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Admire, Kansas 66830			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 30 ft. ELEVATION:			
<p>A 2x2 grid representing a section box. The quadrants are labeled NW, NE, SW, and SE. An 'X' is drawn in the center of the SW quadrant.</p>		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr			
		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 30 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-4R			
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) 2 PVC 4 ABS		5 Wrought Iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below)		CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded X	
Blank casing diameter 2 In. to 10 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 12 Other (specify) _____		SCREEN-PERFORATED INTERVALS: From 10 ft. to 30 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
SAND PACK INTERVALS: From 8 ft. to 30 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 2 Ft. to 8 Ft. From 2 0 Ft. to 2 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
0	.5		Gravel base		
.5	13		Silty clay, brown		
13	19		Shale like silty clay		
19	24		Silica Sand,		
24	30		Shale, dry, olive gray		
30	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) 09/26/06 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) 10/26/06 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.					