

1 LOCATION OF WATER WELL:	Fraction SW ¼ SW ¼ SE ¼	Section Number 09	Township Number T 17 S	Range Number R 23 EW
County: Miami				
Distance and direction from nearest town or city street address of well if located within city? 1005 N Pearl, Paola Kansas				
2 WATER WELL OWNER: Scott Zaremba				
RR#, St. Address, Box # : 718 E. 1300 Rd			Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : Lawrence, Kansas, 66046			Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 7.0 ft. ELEVATION:		
		Depth(s) Groundwater Encountered 1 6.77 ft. 2 _____ ft. 3 _____ ft.		
		WELL'S STATIC WATER LEVEL 6.70 ft. below land surface measured on mo/day/yr 2/13/08		
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm		
		Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm		
Bore Hole Diameter 8.5 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 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		
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 _____
Blank casing diameter 2.375 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass		Threaded X
Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40		TYPE OF SCREEN OR PERFORATION MATERIAL:		
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 7		10 Asbestos-cement		
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR)		11 Other (specify) _____		
SCREEN OR PERFORATION OPENINGS ARE:		12 None used (open hole)		
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)		6 Wire wrapped 9 Drilled holes		
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____		SCREEN-PERFORATED INTERVALS: From 3 ft. to 7.0 ft. From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From 2.0 ft. to 7.0 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 0.0 ft. to 1.0 ft. From 1.0 ft. to 2.0 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		11 Fuel storage (former) 15 Oil well/ Gas well		
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)		3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage		
Direction from well? NA		How many feet? 0		
FROM	TO	CODE	LITHOLOGIC LOG	
0.0	0.5		Asphalt	
.5	4.5		Red Brown Clay Fat silty clay, stiff	
4.5	7.0		Refusal at 7.0 Limestone	
Flush-mount well completion waiver existent for site.				
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/yr) 02/12/08 and this record is true to the best of my knowledge and belief. Kansas				
Water Well Contractor's License No. 692		This Water Well Record was completed on (mo/day/yr) 2/13/08		
under the business name of Quad State Services, Inc.		by (signature) _____		
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.				

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