

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Miami		SW ¼ SW ¼ SE ¼	09	T 17 S	R 23 (EW)
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 9.0 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 8.50 ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 7.65 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		7 PVC 10 Asbestos-cement	
2 Brass		4 Galvanized steel		8 RMP (SR) 11 Other (specify) _____	
5 Fiberglass		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 4.0 ft. to 9.0 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:					
From 3.0 ft. to 9.0 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 3.0 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	
2 Sewer lines		5 Cess pool		11 Fuel storage (former) 15 Oil well/ Gas well	
3 Watertight sewer lines		6 Seepage pit		8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)	
9 Feedyard		13 Insecticide storage			
Direction from well? NA		How many feet? 0			
LITHOLOGIC LOG					
FROM	TO	CODE			
0.0	0.5		Asphalt		
.5	4.5		Red Brown Clay Fat silty clay, stiff		
4.5	8.5		Red Brown silty clay fat		
8.5	9.0		Refusal at 9.0 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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