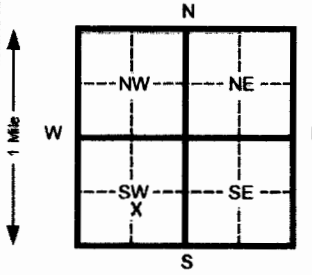


1 LOCATION OF WATER WELL: County: <b>Miami</b>		Fraction <b>SW ¼ SW ¼ SE ¼</b>	Section Number <b>09</b>	Township Number <b>T 17 S</b>	Range Number <b>R 23 EW</b>
Distance and direction from nearest town or city street address of well if located within city? <b>1005 N Pearl, Paola Kansas</b>					
2 WATER WELL OWNER: <b>Scott Zaremba</b> RR#, St. Address, Box # : <b>718 E. 1300 Rd</b> City, State, ZIP Code : <b>Lawrence, Kansas, 66046</b> Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL <b>6.0</b> ft. ELEVATION: Depth(s) Groundwater Encountered 1 <b>5.0</b> ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <b>5.10</b> ft. below land surface measured on mo/day/yr <b>2/13/08</b> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>8.5</b> 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) <input checked="" type="checkbox"/> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ <input checked="" type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass _____ Threaded <input checked="" type="checkbox"/> Blank casing diameter <b>2.375</b> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <b>Flush Mount</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Schedule 40</b> TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> 7 PVC 10 Asbestos-cement 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 <input checked="" type="checkbox"/> 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 <b>3.0</b> ft. to <b>6.0</b> ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <b>2.0</b> ft. to <b>6.0</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____ Grout Intervals From <b>0.0</b> ft. to <b>1.0</b> ft. From <b>1.0</b> ft. to <b>2.0</b> ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy <input checked="" type="checkbox"/> 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon <input checked="" type="checkbox"/> 11 Fuel storage (former) 15 Oil well/ Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ 13 Insecticide storage _____ Direction from well? <b>NA</b> How many feet? <b>0</b>					
FROM		TO		CODE	
0.0		0.5		Asphalt	
.5		4..5		Red Brown Clay Fat silty clay, stiff	
4.5		5.5		Red Brown silty clay fat	
5.5		6.0		Refusal at 6.0- Limestone	
<b>Flush-mount well completion waiver existent for site.</b>					
7] CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>02/12/08</b> and this record is true to the best of my knowledge and belief. <b>Kansas</b> Water Well Contractor's License No. <b>692</b> This Water Well Record was completed on (mo/day/yr) <b>2/13/08</b> under the business name of <b>Quad State Services, Inc.</b> 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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