

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>CHASE</u>		<u>NE 1/4 NW 1/4 NE 1/4</u>	<u>26</u>	T <u>18</u> S	R <u>9</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>West of Emporia approx - 8 mi North</u> at Emporia <u>4 miles North</u>					
2 WATER WELL OWNER: <u>MONTY NEFF</u>		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #: <u>503 ELM</u>		Application Number:			
City, State, ZIP Code: <u>EMPORIA KS 66801</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>36</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>20</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>10</u> ft. below land surface measured on mo/day/yr <u>04-27-88</u>			
		BAIL Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>24</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>10</u> in. to <u>20</u> ft., and <u>8 5/8</u> in. to <u>36</u> ft.			
		WELL WATER TO BE USED AS:			
		5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <u>NA</u> 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <u>✓</u> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>✓</u> Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____					
Blank casing diameter <u>6</u> in. to <u>36</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>26</u> in., weight <u>SCH 40</u> lbs./ft. Wall thickness or gauge No. <u>SCH 40</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) <u>NA</u> 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 7 Torch cut 10 Other (specify) <u>NA</u>					
SCREEN-PERFORATED INTERVALS: From <u>20</u> ft. to <u>26</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>19</u> ft. to <u>36</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <u>1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other <u>NA</u>					
Grout Intervals: From <u>3</u> ft. to <u>19</u> ft., From _____ ft. to _____ 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) <u>NA</u> 13 Insecticide storage					
Direction from well? <u>NE</u> How many feet? <u>300 FT</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	7	CLAY SILT			
7	10	LIME - BROKEN			
10	20	CLAY SILT			
20		WATER			
20	27	LIME - LT GREY			
27	29	BI. GRAY SHALE			
29	34	DK GRAY SHALE			
34	36	LT GRAY LIME SOY			
36		LT GRAY SHALE			
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/year) <u>04-28-88</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>479</u> This Water Well Record was completed on (mo/day/yr) <u>04-30-88</u>					
under the business name of <u>EBBERTS DRILLING</u> by (signature) <u>Robert Ebberts</u>					
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, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					

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