

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Lyon</u>	<u>NE 1/4 NE 1/4 SW 1/4</u>	<u>15</u>	T <u>19</u> S	R <u>11</u> <u>EW</u>

Distance and direction from nearest town or city? _____ Street address of well if located within city? 19 S. Sylvan

WATER WELL OWNER: Charlotte McAtee
 IR#, St. Address, Box #: 195 Sylvan
 City, State, ZIP Code: Emporia, KS. 66801
 Board of Agriculture, Division of Water Resources
 Application Number: _____

DEPTH OF COMPLETED WELL: 39 ft. Bore Hole Diameter: 9 in. to 35 ft. and 6 in. to 39 ft.

Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below) _____

Well's static water level: 27 ft. below land surface measured on 8 month 7 day 82 year

Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 30 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) _____
 Casing Joints: Glued Clamped _____ Welded _____ Threaded _____

Blank casing dia: 5 in. to 29 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____
 Casing height above land surface: 27 in., weight 1.59 lbs./ft. Wall thickness or gauge No. 203

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____
 12 None used (open hole) _____

Screen or Perforation Openings Are:
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____
 11 None (open hole) _____

Screen-Perforation Dia: 5 in. to 39 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____
 Screen-Perforated Intervals: From 29 ft. to 39 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 27 ft. to 39 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 0 ft. to 10 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____

Direction from well: East How many feet: 30 ? Water Well Disinfected? Yes No _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No _____

If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 8 month 7 day 82 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 372
 This Water Well Record was completed on 8 month 31 day 82 year under the business name of Lespagnard Water Well Control by (signature) George Lespagnard

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	<u>0</u>	<u>2</u>	<u>Top soil</u>			
	<u>2</u>	<u>15</u>	<u>Tan clay</u>			
	<u>15</u>	<u>28</u>	<u>Clay & silt</u>			
	<u>28</u>	<u>39</u>	<u>Gravel & sand</u>			

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 3.6 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.