

1 LOCATION OF WATER WELL: Fraction **SE ¼ NE ¼ NW ¼** Section Number **15** Township Number **T 19 S** Range Number **R 11** EW
 County: **Lyon**
 Distance and direction from nearest town or city street address of well if located within city?
Spic N' Span Cleaners

2 WATER WELL OWNER: KDHE Drycleaning Release Trust Fund
 RR#, St. Address, Box # : **1000 SW Jackson** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Topeka, Ks 66612** Application Number: **SS4 0A/W01**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL 35 ft. ELEVATION: 1143.51

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **33.30** ft. below land surface measured on mo/day/yr

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter **8** in. to **35.5** 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 If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No

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 **2** in. to **20** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **0** in., weight **.716** lbs./ft. Wall thickness or gauge No. **.154**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
				12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	<input checked="" type="checkbox"/> 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 **20** ft. to **35** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **18** ft. to **35** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals From _____ ft. to **2** ft. From **2** ft. to **18** 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)
			13 Insecticide storage	CONTAMINATED SITE

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5		Concrete			
.5	30		Fat clay, brown to red			
30	35.5		Lean clay, red, silty, w/fine to			
			Coarse sand & gravel			
35.5			Weathered 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/yr) **06-13-06** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **9-1-06** under the business name of **Woofter Pump & Well Inc.** by (signature) *Jan C. Woofter by MR*

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.

OFFICE USE ONLY

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