

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Lyon</b>		<b>SE</b> ¼ <b>SW</b> ¼ <b>SW</b> ¼	<b>11</b>	<b>T 19 S</b>	<b>R 11 EW</b>
Distance and direction from nearest town or city street address of well if located within city? <b>812 E. 6<sup>th</sup> Street, Emporia, Kansas</b>					
2 WATER WELL OWNER: <b>Leizler Oil Company</b>					
RR#, St. Address, Box # : <b>635 W. Crawford Street</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Clay Center, Kansas 67432</b>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>27.0</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 <b>20.80</b> ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <b>19.75</b> ft. below land surface measured on mo/day/yr <b>2-20-08</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 <b>27.0</b> 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="radio"/> 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	
<input checked="" type="radio"/> 2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <b>2.375</b> in. to <b>12.0</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.				8 Concrete tile	
Casing height above land surface <b>Flush Mount</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Schedule 40</b>				9 Other (specify below) _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		<input checked="" type="radio"/> 7 PVC	
2 Brass		4 Galvanized steel		8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		<input checked="" type="radio"/> 3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <b>27.0</b> ft. to <b>12.0</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>27.0</b> ft. to <b>9.0</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement <input checked="" type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other					
Grout Intervals From <b>0.0</b> ft. to <b>1.5</b> ft. From <b>1.5</b> ft. to <b>9.0</b> ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				<input checked="" type="radio"/> 11 Fuel storage (former)	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below) _____	
Direction from well? <b>Southwest</b> How many feet? <b>150</b>					
FROM	TO	CODE	LITHOLOGIC LOG		
<b>0.0</b>	<b>0.5</b>		<b>Aggregate</b>		
<b>0.5</b>	<b>6.0</b>		<b>Brown very silty clay, firm, moist</b>		
<b>6.0</b>	<b>15.0</b>		<b>Red Brown very silty clay, firm, moist, traces of limestone fragments</b>		
<b>15.0</b>	<b>20.0</b>		<b>Red Brown very silty clay, Laminated limestone, firm, moist strong hydrocarbon odor</b>		
<b>20.0</b>	<b>25.0</b>		<b>Light red brown very silty clay, limestone, firm, moist strong hydrocarbon odor</b>		
<b>25.0</b>	<b>27.0</b>		<b>Limestone fragments refusal @ 27.0 limestone</b>		
<b>Flush-mount well completion waiver existent for site.</b>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>2-20-08</b> and this record is true to the best of my knowledge and belief, Kansas					
Water Well Contractor's License No. <b>692</b>			This Water Well Record was completed on (mo/day/yr) <b>3-2-08</b>		
under the business name of <b>Quad State Services, Inc.</b>			by (signature) <i>[Signature]</i>		
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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