

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number
County: Linn		$\frac{1}{4}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$	33		T 19 S	R 24 E
Distance and direction from nearest town or city street address of well if located within city? 402 E. Market Street, La Cygne, Kansas						
2 WATER WELL OWNER: Wades Service and Deli						
RR#, St. Address, Box # : 402 E. Market Street				Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : La Cygne, Kansas				Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 40 ft. ELEVATION:				
		Depth(s) Groundwater Encountered 11.5 ft. 2 ft. 3 ft. Ft.				
		WELL'S STATIC WATER LEVEL _____ 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 8.625 in. to 40 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 MW-8						
Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr sample was Submitted						
Water Well Disinfected? Yes No X						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped						
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded						
7 Fiberglass Threaded X						
Blank casing diameter 2 in. to 25 Ft., Dia _____ in. to _____ ft.						
Casing height above land surface FLUSH In., weight SCH 40 Lbs./ft. Wall thickness or gauge No. _____						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
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 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 25 ft. to 40 ft. From _____ ft. to _____ ft.						
SAND PACK INTERVALS: From 24 ft. to 40 ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout intervals From 3 0 ft. to 2 Ft. From 2 2 to 24 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)						
Contaminated Site						
Direction from well? How many feet?						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3		Grass, black topsoil, gravel			
3	14		Silty clay, lt brown/gray			
14	27		Silty clay (CL) yellow br			
27	37		Silty clay loam yellow brown			
37	40		Gravel and sand, loose, dk red			
40	TD		End of Borehole			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w						
Completed on (mo/day/yr) 08/15/07 And this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/yr) 09/14/07						
under the business name of Associated Environmental, Inc. By (signature) Bradley J Johnson						
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						

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