

1 LOCATION OF WATER WELL: County: LINN	Fraction NE 1/4 NW 1/4 SW 1/4	Section Number 16	Township Number T 20 S	Range Number R 24 E EW
---	----------------------------------	----------------------	---------------------------	---------------------------

Distance and direction from nearest town or city street address of well if located within city?
 Four miles south of La Cygne, KS

2 WATER WELL OWNER: Mike Helmuth
 RR#, St. Address, Box #: 4317 West 64th
 City, State, ZIP Code: prairie, Village, KS 66208
 Board of Agriculture, Division of Water Resources
 Application Number:

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

N	NW	NE	
W	X	SE	E
	SW	SE	
	S		

4 DEPTH OF COMPLETED WELL: 60 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. . . 32 ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL . . . 32 ft. below land surface measured on mo/day/yr 12/16/93

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

Est. Yield . . . 1/2 . . . gpm: Well water was ft. after hours pumping gpm

Bore Hole Diameter . . . 8 . . . in. to . . . 60 ft., and in. to ft.

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> 5 Public water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input checked="" type="checkbox"/> X1 Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only
	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 10 Monitoring well
		<input type="checkbox"/> 12 Other (Specify below)

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:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped
<input checked="" type="checkbox"/> X2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 7 Fiberglass		Welded
				Threaded

Blank casing diameter . . . 5" . . . in. to . . . 30 ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface . . . 18" . . . in., weight lbs./ft. Wall thickness or gauge No. . . Sch. 40

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> X 7 PVC	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify)
				<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input checked="" type="checkbox"/> X3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
		<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From . . . 30 ft. to . . . 60 ft., From ft. to ft.

GRAVEL PACK INTERVALS: From . . . 30 ft. to . . . 60 ft., From ft. to ft.

6 GROUT MATERIAL: X1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From . . . 30 ft. to . . . 0 ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination: None

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Insecticide storage	

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Soil			
3	20	Clay			
20	42	Sandy Shale (Water at 32 ft)			
42	50	Red Shale			
50	52	Gray Shale			
52	60	Lime TD			

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) . . . 12/16/93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . 338 This Water Well Record was completed on (mo/day/yr) . . 1/12/94 under the business name of JAYHAWK DRILLING by (signature) *Thomas F. Moyer*

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY