

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Linn		$\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$	11	T 23 S	R 24 E

Distance and direction from nearest town or city street address of well if located within city?

12640' W SW Prescott

2 WATER WELL OWNER:		Continental Coal	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #		4550 W. 109th St., Ste. 206	Application Number: 851
City, State, ZIP Code		Leawood, KS. 66211	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 67 ft. ELEVATION: 851	
		Depth(s) Groundwater Encountered 1. None ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL N/A ft. below land surface measured on mo/day/yr Pump test data: Well water was N/A ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 5 in. to 67 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well 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:		CASING JOINTS: Glued _____ Clamped _____	
1 Steel	3 RMP (SR)	8 Concrete tile	Welded _____
2 PVC	4 ABS	9 Other (specify below)	Threaded _____
Blank casing diameter 2 in. to 67 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.	5 Wrought iron	6 Asbestos-Cement	
Casing height above land surface _____ in. weight Schedule 40 lbs./ft. Wall thickness or gauge No. _____	7 Fiberglass		
TYPE OF SCREEN OR PERFORATION MATERIAL:	8 RMP (SR)	10 Asbestos-cement	
1 Steel	9 ABS	11 Other (specify)	
2 Brass		12 None used (open hole)	
4 Galvanized steel			
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	7 Torch cut	10 Other (specify)	
4 Key punched			
SCREEN-PERFORATED INTERVALS: From 54 ft. to 67 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From 54 ft. to 67 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			

6 GROUT MATERIAL:		4 Other _____	
1 Neat cement	2 Cement grout	3 Bentonite	
Grout Intervals: From 51 ft. to 0 ft. From 51 ft. to 54 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:		10 Livestock pens	
1 Septic tank	4 Lateral lines	11 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Cess pool	12 Fertilizer storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	13 Insecticide storage	16 Other (specify below)
	7 Pit privy		
	8 Sewage lagoon		
	9 Feedyard		

Direction from well?		How many feet?	
FROM	TO	FROM	TO
0	1		
1	3		
3	11		
11	56.5		
56.5	58.5		
58.5	62.5		
62.5	67		
LITHOLOGIC LOG		PLUGGING INTERVALS	
Top soil		<div style="text-align: center;"> <h1>RECEIVED</h1> <p>60120 1997</p> <h2>BUREAU OF WATER</h2> </div>	
Sub soil			
Dry sandy clay			
Blue shale			
Coal			
Under clay			
Limestone			

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) 5-19-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 545 This Water Well Record was completed on (mo/day/yr) _____ under the business name of Glaze Drilling by (signature) <i>Glaze Drilling</i>	
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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.