

1 LOCATION OF WATER WELL: County: Neosho	Fraction NW ¼ NW ¼ SW ¼	Section Number 28	Township Number T 27S S	Range Number R 18E W
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Distance and direction from nearest town or city street address of well if located within city?
1422 S. Santa Fe, Chanute, Kansas

2 WATER WELL OWNER: **No Mug LLC**
RR#, St. Address, Box #: **2110 S. Santa Fe**
City, State, ZIP Code: **Chanute, Ks**

Board of Agriculture, Division of Water Resources
Application Number:

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

4 DEPTH OF COMPLETED WELL **15** ft. ELEVATION:

Depth(s) Groundwater Encountered **11.5** ft. **2** ft. **3** ft. Ft.

WELL'S STATIC WATER LEVEL **2.15** ft. below land surface measured on mo/day/yr **09/17/08**

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 **15** 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-7**

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 **5** Ft. Dia _____ in. to _____ 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 7 **PVC** 10 Asbestos-cement
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
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 **5** ft. to **15** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

SAND PACK INTERVALS: From **4** ft. to **15** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

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

Grout Intervals From **3** ft. to **2** Ft. From **2** to **4** 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	.75		Concrete			
.75	3		Clay, black			
3	4		Siltstone, green			
4	15		Siltstone, brown			
15	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 was Completed on (mo/day/yr) **09/17/08** 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) **10/17/08** 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.

OFFICE USE ONLY

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