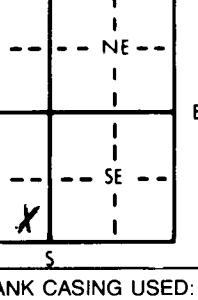


1 LOCATION OF WATER WELL:	Fraction County: Neosho E 1/2xx SE 1/4 SW 1/4	Section Number 27	Township Number T 27 S	Range Number R 18 EW																																																																									
Distance and direction from nearest town or city street address of well if located within city? 1 Mile east of Chanute, KS MW#4																																																																													
2 WATER WELL OWNER:	City of Chanute RR#, St. Address, Box # : City, State, ZIP Code : Chanute, KS 66720				Board of Agriculture, Division of Water Resources Application Number:																																																																								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	 N W E S				4 DEPTH OF COMPLETED WELL ..... 26.0 ft. ELEVATION: ..... 917.7 ft. Depth(s) Groundwater Encountered 1. 16.3 ft. 2. ..... ft. 3. ..... ft. WELL'S STATIC WATER LEVEL ..... 16.3 ft. below land surface measured on mo/day/yr ..... 7-2-87 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 ..... 12 in. to ..... 26 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 Observation 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:	1 Steel 2 PVC	3 RMP (SR) 4 ABS	5 Wrought iron 6 Asbestos-Cement 7 Fiberglass	8 Concrete tile 9 Other (specify below)	CASING JOINTS: Glued ..... Clamped ..... Welded ..... Threaded ..... X																																																																								
Blank casing diameter ..... in. to ..... ft., Dia. .... in. to ..... ft., Dia. .... in. to ..... ft.	26.0	4	2.001																																																																										
Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No.	12				Sch. 40																																																																								
TYPE OF SCREEN OR PERFORATION MATERIAL:					7 PVC 10 Asbestos-cement 8 RMP (SR) 11 Other (specify) ..... 6 Fiberglass 9 ABS 12 None used (open hole) 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 4 Mill slot 6 Wire wrapped 9 Drilled holes 3 Key punched 7 Torch cut 10 Other (specify) ..... 2 Louvered shutter 4 Galvanized steel																																																																								
SCREEN OR PERFORATION OPENINGS ARE:					5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) ..... 11 None (open hole)																																																																								
SCREEN-PERFORATED INTERVALS: From ..... 6 ft. to ..... 26 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																																																																													
GRAVEL PACK INTERVALS: From ..... 5 ft. to ..... 26 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																																																																													
6 GROUT MATERIAL:	1 Neat cement 2 Sewer lines 3 Watertight sewer lines	2 Cement grout 4 Lateral lines 5 Cess pool 6 Seepage pit	3 Bentonite 7 Pit privy 8 Sewage lagoon 9 Feedyard	4 Other ..... 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage	Volclay ..... 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) ..... Landfill																																																																								
Grout Intervals: From ..... 0 ft. to ..... 5 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																																																																													
What is the nearest source of possible contamination:					10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage How many feet? 700																																																																								
Direction from well? NW																																																																													
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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) ..... 6-30-87 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... 415 ..... This Water Well Record was completed on (mo/day/yr) ..... 7/30/87 ..... under the business name of Daniels Drilling Company by (signature) Albert Stunt																																																																													
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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.																																																																													