

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number					
County: Neosho		E 1/2 SW SE 1/4 SW 1/4	27		T 27 S		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: 917.7												
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 26.0 ft. ELEVATION: 917.7										
<div style="text-align: center;">N 1 Mile W E S 1 Mile</div> <table border="1" style="margin: auto; text-align: center;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. 16.3 ft. 2. _____ ft. 3. _____ ft.						
		NW	NE									
		SW	SE									
		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 in. and _____ in. to _____ in.												
WELL WATER TO BE USED AS: 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 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 _____ Threaded X									
Blank casing diameter _____ in. to 26.0 in. Dia _____ in. to _____ in. Dia _____ in. to _____ in.			Casing height above land surface 12 in. weight 2.001 lbs./ft. Wall thickness or gauge No. Sch 40									
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 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 6 ft. to 26 ft. From _____ ft. to _____ ft.												
GRAVEL PACK INTERVALS: From 5 ft. to 26 ft. From _____ ft. to _____ ft.												
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Volclay												
Grout Intervals: From 0 ft. to 5 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) Landfill Direction from well? NW How many feet? 700												
FROM TO LITHOLOGIC LOG			FROM TO LITHOLOGIC LOG									
0.0 4.5 Clay, silty, gray												
4.5 5.0 Clay, silty, gray w/thin tan silt layer, thin black organic layer, w/rust zones						Waiver - Min. of 5' grout						
5.0 21.0 Clay, s-lty, tan, w/gravel						7-21-87						
21.0 26.0 Clay, silty, tan												
26.0 BOH												
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 Stout												
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.												

OFFICE USE ONLY

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