

1) LOCATION OF WATER WELL:		FRACTION		SECTION NUMBER		TOWNSHIP NUMBER		RANGE NUMBER																																											
County: <u>Neosho</u>		<u>1/4 SW 1/4 NE 1/4</u>		<u>27</u>		<u>T 27 S</u>		<u>R 18 E/W</u>																																											
Distance and direction from nearest town or city street address of well if located within city?																																																			
<u>Approx. 1 mile east of Chanute, Kansas on 14th Street</u>																																																			
2) WATER WELL OWNER: <u>City of Chanute</u>																																																			
RR#, St. Address, Box # : <u>P.O. Box 907</u>																																																			
City, State, ZIP Code : <u>Chanute, Kansas 66720</u>																																																			
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: <u>16.7</u> ft. ELEVATION: _____																																																	
		Depth(s) Groundwater Encountered <u>11.5</u> ft. 2. _____ ft. 3. _____ ft.																																																	
		WELL'S STATIC WATER LEVEL <u>999/NA</u> ft. below land surface measured on mo/day/yr																																																	
		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 <u>7 1/4</u> in. to <u>16.7</u> 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 <u>10</u> Monitoring well																																																	
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____																																																	
		Water Well Disinfected? Yes _____ No <u>X</u>																																																	
5) TYPE OF BLANK CASING USED:																																																			
1 Steel      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: Glued _____ Clamped _____ <u>2 PVC</u> 4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded _____ Blank casing diameter <u>2"</u> in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <u>3.0</u> in. weight <u>Sch 40</u> lbs./ft. Wall thickness or gauge No. _____																																																			
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																			
1 Steel      3 Stainless steel      5 Fiberglass <u>7 PVC</u> 10 Asbestos-cement 2 Brass      4 Galvanized steel      6 Concrete tile      8 RMP (SR)      11 Other (specify) _____ 12 None used (open hole)																																																			
SCREEN OR PERFORATION OPENINGS ARE:																																																			
1 Continuous slot <u>3 Mill slot</u> 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 <u>12.0</u> ft. to <u>17.0</u> ft. From _____ ft. to _____ ft.																																																			
GRAVEL PACK INTERVALS: From <u>10.0</u> ft. to <u>17.0</u> ft. From _____ ft. to _____ ft.																																																			
6) GROUT MATERIAL: 1 Neat cement <u>2 Cement grout</u> <u>3 Bentonite</u> 4 Other _____																																																			
Grout Intervals: From <u>0.0</u> ft. to <u>10.0</u> ft. From _____ ft. to _____ 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 <u>16</u> Other (specify below) <u>Landfill</u> 13 Insecticide storage																																																			
Direction from well? _____ How many feet? _____																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0.0</td> <td>1.5</td> <td>Gr Br Ln cl</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.5</td> <td>3.5</td> <td>Ol Br Gr Ln cl</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.5</td> <td>14.0</td> <td>Br Gr MtID Fcl</td> <td></td> <td></td> <td></td> </tr> <tr> <td>14.0</td> <td>15.0</td> <td>Br Gr Lncl tr sa</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15.0</td> <td>16.9</td> <td>Br Gr M-F GW/c-f SWW/cl</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16.9</td> <td>17.0</td> <td>Limestone</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0.0	1.5	Gr Br Ln cl				1.5	3.5	Ol Br Gr Ln cl				3.5	14.0	Br Gr MtID Fcl				14.0	15.0	Br Gr Lncl tr sa				15.0	16.9	Br Gr M-F GW/c-f SWW/cl				16.9	17.0	Limestone			
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7) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>2/7/92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>416</u> This Water Well Record was completed on (mo/day/yr) <u>3/4/92</u> under the business name of <u>Terracon Consultants SE, Inc.</u> by (signature) <u>[Signature]</u>																																																			
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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																			

OFFICE USE ONLY

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