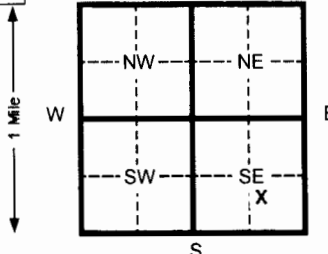


1 LOCATION OF WATER WELL: County: <b>Neosho</b>	Fraction <b>NW ¼ SE ¼ SE ¼</b>	Section Number <b>29</b>	Township Number <b>T 27 S</b>	Range Number <b>R 18 E</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**2100 S. Stueben - Chanute**

2 WATER WELL OWNER: **Watco Companies, Inc.**  
 RR#, St. Address, Box # : **315 W. 3<sup>rd</sup> St.**  
 City, State, ZIP Code : **Pittsburg, KS 66762**  
 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 <b>12.8</b> ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <b>5.2</b> ft. below land surface measured on mo/day/yr <b>03/18/10</b> Pump test data: Well water was <b>NA</b> ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>8</b> in. to <b>12.8</b> 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) <b>10 Monitoring well</b> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>
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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  **Flush**

Blank casing diameter **2** in. to **2.8** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **29** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**

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) \_\_\_\_\_  
 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  10 Other (specify) \_\_\_\_\_

SCREEN-PERFORATED INTERVALS: From **2.8** ft. to **12.8** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **2.3** ft. to **12.8** 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 **1.0** ft. to **2.3** 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  16 **Other (specify below)**   
**Rail Yard**

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.0	2.0		<b>Topsoil/Gravel, dark brown</b>			
2.0	9.0		<b>Silty Clay, brown to yellow-brown</b>			
9.0	12.8		<b>Shale, weathered, sandy, light brown</b>			

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/yr) **03/09/10** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **04/16/10** under the business name of **Geotechnical Services Inc.** by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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