

1 LOCATION OF WATER WELL: County: Neosho	Fraction SE ¼ NE ¼ SE ¼	Section Number 17	Township Number T 27 S	Range Number R 18 EW
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Distance and direction from nearest town or city street address of well if located within city?
1201 N. Sante Fe, Chanute, Kansas

2 WATER WELL OWNER: **Kansas Dept. of Health & Env.**
 RR#, St. Address, Box # : **Forbes Field Building 740**
 City, State, ZIP Code : **Topeka, Kansas 66620**

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: **8** ft ELEVATION: **999**
 Depth(s) Groundwater Encountered 1. _____ ft 2. _____ ft 3. _____ ft
 WELL'S STATIC WATER LEVEL: **999** ft below land surface measured on mo/day/yr _____
 Pump test data: Well water was **NA** ft after _____ hours pumping _____ gpm
 Est. Yield **NA** gpm: Well water was _____ ft after _____ hours pumping _____ gpm
 Bore Hole Diameter **8** in. to **8** 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** Monitoring well _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No ; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No

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

Blank casing diameter _____ in. to **2.8** ft, Dia _____ in. to _____ ft, Dia _____ in. to _____ ft
 Casing height above land surface **36** 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) _____
 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 **2.8** ft to **7.3** ft, From _____ ft to _____ ft
 From _____ ft to _____ ft, From _____ ft to _____ ft
 GRAVEL PACK INTERVALS: From **2** ft to **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 **0** ft to **0.5** ft, From **0.5** ft to **2** 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) _____
 _____ **Refinery** _____
 How many feet?

Direction from well?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Fill,			
4	5.2	Gravel to Sand, Greyish Black			
5.2	6.2	Clay to Sand, Olive Black			
6.2	8	Clay, Greenish Black			

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) **4/7/98** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **4/17/98**
 under the business name of **GeoCore Services, Inc.** by (signature) *Don R...*

OFFICE USE ONLY
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