

| 1 LOCATION OF WATER WELL: | | Fraction | Township Number | Range Number | |
|---|------|--|---|----------------------------|----------------|
| County: <u>Brown</u> | | CN ¼ NE ¼ NW ¼ | Section Number <u>34</u> | T <u>2</u> S R <u>1S</u> E | |
| Distance and direction from nearest town or city street address of well if located within city? On S Fangler Property near Old Mobil Station in City of Fairview | | | | | |
| 2 WATER WELL OWNER: Kansas Dept. of Health & Environment | | | | | |
| RR#, St. Address, Box #: Bldg. 740, Forbes Field | | | Board of Agriculture, Division of Water Resources | | |
| City, State, ZIP Code: Topeka, Kansas 66620 | | | Application Number: | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL: 56.0 ft. ELEVATION: | | | |
| <p>A map of one section divided into four quarters by dashed lines. The corners are labeled NW, NE, SW, and SE. In the center, where the lines intersect, there is an 'X'. A scale bar indicates 1 mile.</p> | | Depth(s) Groundwater Encountered 1. 45 to 49 ft. 2. .ft. 3. .ft. | | | |
| | | WELL'S STATIC WATER LEVEL .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: 4 in. to 5.6 ft., and 6 in. to 0-6 ft. | | | |
| 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 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 Welded Threaded ② PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Blank casing diameter 2 in. to 4.5 ft. Dia. lbs./ft. Wall thickness or gauge No. Sched. 40 Casing height above land surface 1.5 feet weight _____. | | | | | |
| 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 45.0 ft. to 55.0 ft. From .ft. to .ft. From .ft. to .ft. From .ft. to .ft. | | | | | |
| SAND PACK INTERVALS: From 18 ft. to 55 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: Bentonek 16 ft. to 18 ft. From .ft. to 3rd cement ft. From 16 ft. to 0 ft. | | | | | |
| What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens ④ 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) 13 Insecticide storage | | | | | |
| Direction from well? | | | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
| 0.0 | 2.0 | Dark gray soil | | | |
| 2.0 | 11.5 | Light brown silty clay, damp to moist | | | |
| 11.5 | 16.1 | shale, green, clayey, moist with wet spots, with thin limy beds | | | |
| 16.1 | 16.4 | limestone, soft, light gray | | | |
| 16.4 | 18.0 | shale, tan to green, damp | | | |
| 18.0 | 18.9 | limestone, light gray, fairly soft | | | |
| 18.9 | 28.5 | shale, green with gray tinged, dry | | | |
| 28.5 | 29.0 | limestone, hard | | | |
| 29.0 | 45.5 | Shale, green with gray tinge, d-y, with thin limy bedd. Add drilling waste | | | |
| 45.5 | 49.0 | limestone, grey, some iron staining | | | |
| 49.0 | 56.0 | shale, brown to red, damp | | | |
| 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) 1/28/88 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) 2/5/88 under the business name of KRUE by (signature) Mary W. Haffner | | | | | |
| 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. | | | | | |