

1 LOCATION OF WATER WELL: Fraction <u>SE 1/4 SW 1/4 SW 1/4</u> Section Number <u>19</u> Township Number <u>T 31 S</u> Range Number <u>R 16 E</u>																																																																			
County: <u>MONTGOMERY</u> Distance and direction from nearest town or city street address of well if located within city: <u>1/2 mile East of Sycamore FS on West corner of section Road.</u>																																																																			
2 WATER WELL OWNER: <u>Donna Miller</u> RR#, St. Address, Box #: <u>RR 4 Box 290</u> City, State, ZIP Code: <u>Independence Kansas 67301</u> Board of Agriculture, Division of Water Resources Application Number:																																																																			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> </div> <div> 4 DEPTH OF COMPLETED WELL: <u>170</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. <u>22</u> ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL <u>12</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was ft. after hours pumping gpm Est. Yield <u>1-60 gpm</u> Well water was ft. after hours pumping gpm Bore Hole Diameter <u>8</u> in. to ft. and in. to ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No </div> </div>																																																																			
5 TYPE OF BLANK CASING USED: <input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) Blank casing diameter <u>5</u> in. to <u>18" 15</u> ft. Dia. in. to ft. Dia. in. to ft. Casing height above land surface <u>18"</u> in. weight <u>5 DR 26</u> lbs./ft. Wall thickness or gauge No. <u>SDR 26</u> TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> 1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) SCREEN-PERFORATED INTERVALS: From <u>170</u> ft. to <u>150</u> ft. From ft. to ft. GRAVEL PACK INTERVALS: From <u>170</u> ft. to <u>150 20</u> ft. From ft. to ft. From ft. to ft. From ft. to ft.																																																																			
6 GROUT MATERIAL: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other Grout Intervals: From ft. to ft. From ft. to ft. From ft. to ft. What is the nearest source of possible contamination: <input checked="" type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 13 Insecticide storage Direction from well? How many feet? <u>200'</u> <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</td><td>3</td><td>Silt</td><td></td><td></td><td></td></tr> <tr><td>3</td><td>15</td><td>Sand Stone</td><td></td><td></td><td></td></tr> <tr><td>15</td><td>30</td><td>Lime Stone</td><td></td><td></td><td></td></tr> <tr><td>30</td><td>50</td><td>Gray Shale</td><td></td><td></td><td></td></tr> <tr><td>50</td><td>60</td><td>Lime Stone</td><td></td><td></td><td></td></tr> <tr><td>60</td><td>120</td><td>Shale Clay</td><td></td><td></td><td></td></tr> <tr><td>120</td><td>122</td><td>Black Coal</td><td></td><td></td><td></td></tr> <tr><td>122</td><td>130</td><td>Lime Stone</td><td></td><td></td><td></td></tr> <tr><td>130</td><td>135</td><td>Gray Shale</td><td></td><td></td><td></td></tr> <tr><td>135</td><td>170</td><td>Hard Flint Rock Mand</td><td></td><td></td><td></td></tr> </tbody> </table>		FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	3	Silt				3	15	Sand Stone				15	30	Lime Stone				30	50	Gray Shale				50	60	Lime Stone				60	120	Shale Clay				120	122	Black Coal				122	130	Lime Stone				130	135	Gray Shale				135	170	Hard Flint Rock Mand			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS																																																														
0	3	Silt																																																																	
3	15	Sand Stone																																																																	
15	30	Lime Stone																																																																	
30	50	Gray Shale																																																																	
50	60	Lime Stone																																																																	
60	120	Shale Clay																																																																	
120	122	Black Coal																																																																	
122	130	Lime Stone																																																																	
130	135	Gray Shale																																																																	
135	170	Hard Flint Rock Mand																																																																	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-23-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>501</u> This Water Well Record was completed on (mo/day/yr) <u>10-23-94</u> under the business name of <u>Callier Water Well Service</u> by (signature) <u>James M. Callier</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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																																			

OFFICE USE ONLY

T

R

E/W

SEC.

1/4

1/4

1/4