

1 LOCATION OF WATER WELL: County: Washington	Fraction: NE 1/4 SE 1/4 SW 1/4	Section Number: 36	Township Number: T 4 S	Range Number: R 2 E/W
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Distance and direction from nearest town or city street address of well if located within city?

1 mile North & 1/2 mile West of Palmer, KS

2 WATER WELL OWNER: **Washington County RWD #2**
 RR#, St. Address, Box # : **c/o Schwab-Eaton PA, 1125 Garden Way**
 City, State, ZIP Code : **Manhattan, KS 66502**
 Board of Agriculture, Division of Water Resources
 Application Number: **43,216**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 128 ft. ELEVATION:
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Diagram of a section box divided into four quadrants: NW, NE, SW, SE. An 'X' is marked in the SE quadrant. The box is labeled with N, S, E, and W on the sides. A vertical scale on the left indicates 1 Mile.

Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL: **50.14** ft. below land surface measured on mo/day/yr **6/7/00**

Pump test data: Well water was . . **35.74** . ft. after . . **8** hours pumping **244** . gpm

Est. Yield gpm: Well water was ft. after hours pumping gpm

Bore Hole Diameter. . . . **38** . in. to **1.28** . . ft., and in. to ft.

WELL WATER TO BE USED AS: 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 Domestic (lawn & garden) 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:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued. Clamped. <input checked="" type="checkbox"/>
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1 Steel 3 RMP (SR)
 PVC - certilok ABS

6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded.

Blank casing diameter . . . **12** in. to . . **91** ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface. . . **12** in., weight . . **18.89** lbs./ft. Wall thickness or gauge No. **750**

TYPE OF SCREEN OR PERFORATION MATERIAL:	7 PVC	10 Asbestos-cement
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1 Steel Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
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Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ft.

SCREEN-PERFORATED INTERVALS: From **91** ft. to . . **128** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **70** ft. to . . **128** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite/SAND 4 Other

Grout Intervals: From . . . **70** ft. to . . **25** ft., From . . . **5** ft. to . . **25** ft., From ft. to ft.

What is the nearest source of possible contamination: **None within 1/4 mile**

1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	16 Other (specify below)

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	XXXXXXXXXXXX
0	3	Topsoil	82	92	Shale
3	8	Gray Clay	92	109	Sandstone
8	25	Sandstone with clay layers	109	111	Shale
25	40	Sandstone with iron rock layers	111	122	Sandstone
40	44	Iron rock	122	124	Iron pyrite
44	46	Sandstone	124	128	Sandstone
46	47	Iron rock			
47	55	Sandstone with iron rock layers			
55	58	Sandstone with clay layers			
58	65	Sandstone			
65	68	Iron rock			
68	82	Sandstone			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **7/2/00** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. . . **138** This Water Well Record was completed on (mo/day/yr) . . . **7/18/00** under the business name of _____ by (signature) *Mike Peters*

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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.