

1 LOCATION OF WATER WELL: County: JACKSON	Fraction NW 1/4 SE 1/4 SW 1/4	Section Number 21	Township Number T 6 S	Range Number R 15 EW
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Distance and direction from nearest town or city street address of well if located within city?

2 1/2 north, 1/4 west of Holton

2 WATER WELL OWNER: Melvin White RR#, St. Address, Box # : 401 Vermont City, State, ZIP Code : Holton, KS 66436	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 135' ft. ELEVATION:
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Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.

WELL'S STATIC WATER LEVEL .25' . . . . . ft. below land surface measured on mo/day/yr 10/03/96

Pump test data: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

Est. Yield . . . 40 . . . gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

Bore Hole Diameter . . . . . in. to . . . . . 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
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Monitoring well
		12 Other (Specify below)

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 . . . . .
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	Welded . . . . .
Blank casing diameter . . . . . 5" . . . . . in. to 0-60 . . . . . ft., Dia . . . . . 5" . . . . . in. to 65-85 . . . . . ft., Dia . . . . . 5" . . . . . in. to 95-134 . . . . . ft.			Threaded . . . . .
Casing height above land surface . . . . . 24" . . . . . in., weight . . . . . 2.82 . . . . . lbs./ft. Wall thickness or gauge No. . . . . 258			
TYPE OF SCREEN OR PERFORATION MATERIAL:	7 PVC	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
11 Other (specify)			12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)
SCREEN-PERFORATED INTERVALS:	From . . . . . 60 . . . . . ft. to . . . . . 65 . . . . . ft., From . . . . . 85 . . . . . ft. to . . . . . 95 . . . . . ft.		
GRAVEL PACK INTERVALS:	From . . . . . 134 . . . . . ft. to . . . . . 135 . . . . . ft., From . . . . . . . . . . ft. to . . . . . . . . . . ft.		
	From . . . . . 24 . . . . . ft. to . . . . . 135 . . . . . 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 . . . . . 4 . . . . . ft. to . . . . . 24 . . . . . 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
	2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage
	3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
				13 Insecticide storage
Direction from well? east				14 Abandoned water well
				15 Oil well/Gas well
				16 Other (specify below)
				How many feet? 140'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top Soil	116	138	Shale-Grey
3	16	Clay-Brown	138		Limestone-Grey
16	18	Boulder-Red			
18	21	Clay-Brown			
21	25	Boulder-Red			
25	27	Fine Sand-Coarse Sand-Brown			
27	31	Clay-Brown			
31	32	Boulder-Grey			
32	63	Clay-Blue			
63	66	Fine Sand-Coarse Sand-Brown			
66	87	Clay-Blue			
87	94	Fine Sand-Coarse Sand-Brown			
94	95	Boulder			
95	113	Clay-Blue			
113	116	Shale-Tan			

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) . . . . . 10/03/96 . . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . . 182 . . . . . This Water Well Record was completed on (mo/day/yr) 10-18-96 . . . . . under the business name of STRADER DRILLING CO., INC. . . . . by (signature) Dale Strader
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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.

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