

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number																																																																																																
County: <u>Pottawatomie</u>		<u>NW 1/4 NW 1/4 SE 1/4</u>	<u>30</u>	T <u>8</u> S <u>8</u>	R <u>11</u> E <u>W</u>																																																																																																
Distance and direction from nearest town or city street address of well if located within city? <u>From EMMIT 6.2 1/2 miles West on County Rd 1 1/2 mile North on Township 8 1/2 mile West in Pasture</u>																																																																																																					
<b>2 WATER WELL OWNER:</b> <u>Mary Allred</u>		Board of Agriculture, Division of Water Resources																																																																																																			
RR#, St. Address, Box #: <u>2910 GARRITT DR.</u>		Application Number:																																																																																																			
City, State, ZIP Code: <u>ST Marys KS 66536</u>																																																																																																					
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>160</u> ft. ELEVATION: _____																																																																																																			
		Depth(s) Groundwater Encountered 1. <u>135</u> ft. 2. _____ ft. 3. _____ ft.																																																																																																			
		WELL'S STATIC WATER LEVEL <u>130</u> ft. below land surface measured on mo/day/yr																																																																																																			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm																																																																																																			
		Est. Yield <u>12</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																																																																																			
		Bore Hole Diameter <u>9</u> in. to <u>160</u> 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 _____ No _____ If yes, mo/day/yr sample was submitted _____																																																																																																			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____																																																																																																			
<b>5 TYPE OF BLANK CASING USED:</b>																																																																																																					
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below)		CASING JOINTS <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped																																																																																																			
<input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> Welded <input type="checkbox"/> Threaded																																																																																																			
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface <u>2</u> in., weight <u>Sch 40</u> lbs./ft. Wall thickness or gauge No. _____																																																																																																			
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"/> 11 Other (specify)		<input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement																																																																																																			
<input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole)																																																																																																					
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"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes																																																																																																			
<input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify)																																																																																																					
SCREEN-PERFORATED INTERVALS:																																																																																																					
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.																																																																																																			
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GRAVEL PACK INTERVALS:																																																																																																					
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<b>6 GROUT MATERIAL:</b>																																																																																																					
<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 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"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well																																																																																																			
<input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below)																																																																																																					
<input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 13 Insecticide storage																																																																																																					
Direction from well? _____ How many feet? _____																																																																																																					
<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>1</td> <td>top soil</td> <td>135</td> <td>148</td> <td>limestone</td> </tr> <tr> <td>1</td> <td>5</td> <td>yellow clay</td> <td>148</td> <td>160</td> <td>grey shale</td> </tr> <tr> <td>5</td> <td>10</td> <td>limestone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td>30</td> <td>greenish shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>30</td> <td>36</td> <td>limestone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>36</td> <td>48</td> <td>yellow shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>48</td> <td>54</td> <td>limestone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>54</td> <td>62</td> <td>greenish shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>62</td> <td>75</td> <td>brown shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>75</td> <td>90</td> <td>limestone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>90</td> <td>99</td> <td>grey shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>99</td> <td>106</td> <td>limestone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>106</td> <td>115</td> <td>grey shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>115</td> <td>122</td> <td>limestone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>122</td> <td>135</td> <td>brown shale</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	1	top soil	135	148	limestone	1	5	yellow clay	148	160	grey shale	5	10	limestone				10	30	greenish shale				30	36	limestone				36	48	yellow shale				48	54	limestone				54	62	greenish shale				62	75	brown shale				75	90	limestone				90	99	grey shale				99	106	limestone				106	115	grey shale				115	122	limestone				122	135	brown shale			
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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>3/6/97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>451</u> This Water Well Record was completed on (mo/day/yr) <u>4/12/97</u> under the business name of <u>Haldeman Well Drilling</u> by (signature) <u>Craig Haldeman</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.																																																																																																					