

1 LOCATION OF WATER WELL: County: <u>POTAWATOMI</u>		Fraction: <u>SE 1/4 NE 1/4 SE 1/4</u>	Section Number: <u>26</u>	Township Number: <u>T 9 S</u>	Range Number: <u>R 12 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>To Anthony Rd 3.5 miles North From St Marys 601 mile East</u>					
2 WATER WELL OWNER: <u>Herberto UNZETA</u> RR#, St. Address, Box #: <u>601 Birchwood</u> City, State, ZIP Code: <u>ST MARYS, KS 66536</u> Board of Agriculture, Division of Water Resources Application Number: _____					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>140</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. <u>70</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>70</u> ft. below land surface measured on mo/day/yr _____			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>2</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter: <u>9</u> in. to <u>140</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"/> 11 Injection well <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter: <u>5</u> in. to <u>120</u> ft. Dia.				8 Concrete tile	
Casing height above land surface: <u>21</u> in., weight <u>sch 40</u> lbs./ft.				9 Other (specify below) _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped			
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 RMP (SR)	
				8 ABS	
SCREEN OR PERFORATION OPENINGS ARE:		10 Asbestos-cement			
1 Continuous slot		<input checked="" type="checkbox"/> 3 Mill slot		11 Other (specify) _____	
2 Louvered shutter		4 Key punched		12 None used (open hole)	
				8 Saw cut	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS:		9 Drilled holes			
From: <u>120</u> ft. to <u>140</u> ft.		10 Other (specify) _____			
From: _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS:					
From: <u>25</u> ft. to <u>140</u> ft.					
From: _____ ft. to _____ ft.					
From: _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		<input checked="" type="checkbox"/> 3 Bentonite	
4 Other _____					
Grout intervals: From: <u>0</u> ft. to <u>25</u> ft.		From: _____ ft. to _____ ft.			
What is the nearest source of possible contamination: <u>None Close</u>					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) _____	
Direction from well? _____		How many feet? _____			
FROM TO LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS			
0	1	Top Soil			
1	3	Limestone			
3	18	Yellow Shale			
18	31	Brown Shale			
31	33	Limestone			
33	61	Brown Shale			
61	70	Grey Shale			
70	76	Limestone (Water)			
76	92	Grey Shale			
92	115	Limestone			
115	130	Brown Shale			
130	140	Grey Shale			
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) <u>9/31/97</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>10/12/97</u> under the business name of <u>Holdeman Well Drilling</u> by (signature) <u>Craig A. CWD/PT</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.					