

LOCATION OF WATER WELL: County: WALLACE	Fraction SE 1/4 SE 1/4 NW 1/4	Section Number 27	Township Number T 13 S	Range Number R 40 E (M)
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Distance and direction from nearest town or city street address of well if located within city?
210' N ; 12' E of NE corner of COOP Repair Shop on Hwy 27 MW-9

WATER WELL OWNER: **WALLACE County COOP - Fred Nowak**

RR#, St. Address, Box #: **South Hwy 27**

City, State, ZIP Code: **Sharon Springs, KS 67758**

Board of Agriculture, Division of Water Resources
Application Number:

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N			
	NW	NE	
W			E
	SW	SE	X
	S		

DEPTH OF COMPLETED WELL: **29.0** ft. ELEVATION: _____

Depth(s) Groundwater Encountered **1. 21** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **21.29** ft. below land surface measured on mo/day/yr **4/2/95**

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

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

Bore Hole Diameter **4.25** in. to **29.0** 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
		9 Dewatering
		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

TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded <input checked="" type="checkbox"/>

Blank casing diameter **2** in. to **19** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **0** in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
				12 None used (open hole) _____

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From **29.0** ft. to **19.0** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **29.0** ft. to **18.0** ft., From _____ ft. to _____ ft.

6] GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout intervals: From **18.0** ft. to **16.0** ft., From **16.0** ft. to **1.5** 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	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? **SSW**

How many feet? **460'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'	15'	Brown clayey silt, No odor			
15'	29'	SANDY silt, gas odor at 20', Wet at 21'			

RECEIVED

JUN 25 1995

BUREAU OF WATER

7] CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **3/29/95** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **438** This Water Well Record was completed on (mo/day/yr) **4/10/95** under the business name of **KANSAS CITY TESTING LABS** by (signature) *[Signature]*