

LOCATION OF WATER WELL: County: <b>WALLACE</b>	Fraction <b>SE 1/4 SE 1/4</b>	Section Number <b>27</b>	Township Number <b>T 13 S</b>	Range Number <b>R 40 E 10</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**2.5' E of E edge of Gardner St and 25' S of S edge of PINE ST, MW-14**

WATER WELL OWNER: **WALLACE County Coop - Fred Nowak**  
 IR#, St. Address, Box #: **South Hwy 27**  
 City, State, ZIP Code: **Sharon Springs, KS 67258**

Board of Agriculture, Division of Water Resources  
 Application Number:

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

N		E	
W	---	---	E
	SW	SE	
S		X	

DEPTH OF COMPLETED WELL: **28.5** ft. ELEVATION: ..... ft.  
 Depth(s) Groundwater Encountered 1. **2.4** ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL **24.21** 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 **2.9** in. to ..... 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 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only  Monitoring well .....  
 Was a chemical/bacteriological sample submitted to Department? Yes.......... If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes

TYPE OF BLANK CASING USED:

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

CASING JOINTS: Glued ..... Clamped .....  
 Welded .....  Threaded.....  
 Blank casing diameter ..... **2** in. to **18.5** 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	<input checked="" type="checkbox"/> 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 **28.5** ft. to **18.5** ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From **2.9** ft. to **17.5** ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GROUT MATERIAL: 1 Neat cement  2 Cement grout  3 Bentonite  4 Other .....

Grout intervals: From **17.5** ft. to **15.5** ft., From **15.5** 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	<input checked="" type="checkbox"/> 10 Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	<input checked="" type="checkbox"/> 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	

How many feet? **700'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'	15'	Brown silty clay, STIFF, Dry, No odor			
15'	29'	Brown silty clay, slightly stiff, moist, No odor, wet At 24'			

RECEIVED  
 JUN 25 1995  
 BUREAU OF WATER

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) **4-1-95** 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) **4/2/95** under the business name of **Kansas City Testing Labs** by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two (2) 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.