

1 LOCATION OF WATER WELL Fraction Section Number Township Number Range Number  
 County: WALLACE SE  $\frac{1}{4}$  NW  $\frac{1}{4}$  SW  $\frac{1}{4}$  9 T 14 S R 39 E 10

Distance and direction from nearest town or city? 4 W 4 S of WALLACE Street address of well if located within city?

2 WATER WELL OWNER: Glin Nealis  
 RR#, St. Address, Box #: Shanon Springs, Mo. 67158  
 City, State, ZIP Code: Shanon Springs, Mo. 67158  
 Board of Agriculture, Division of Water Resources Application Number:

3 DEPTH OF COMPLETED WELL: 36 ft. Bore Hole Diameter: 8 in. to 36 ft., and ..... in. to ..... ft.  
 Well Water to be used as:  
 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well  
 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well  
 Well's static water level: 14 ft. below land surface measured on 3 month 24 day 1982 year  
 Pump Test Data: Well water was not ft. after ..... hours pumping ..... gpm  
 Est. Yield gpm: Well water was tested ft. after ..... hours pumping ..... gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel  RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued  Clamped .....  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 3 Fiberglass Threaded .....  
 Blank casing dia: 5 in. to 36 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface: 18 in., weight 18/10 lbs./ft. Wall thickness or gauge No. 14"  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass  RMP (SR) 10 Asbestos-cement 11 Other (specify) .....  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 Screen or Perforation Openings Are:  
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped  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-Perforation Dia: 5 in. to 26-36 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Screen-Perforated Intervals: From 26-36 ft. to ..... ft., From ..... ft. to ..... ft.  
 Gravel Pack Intervals: From 18 ft. to 36 ft., From ..... ft. to ..... ft.

5 GROUT MATERIAL:  Neat cement 2 Cement grout 3 Bentonite 4 Other  
 Grouted Intervals: From 4 ft. to 18 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) Live Water Stream  
 Direction from well: South How many feet: 180 ? Water Well Disinfected? Yes  No  
 Was a chemical/bacteriological sample submitted to Department? Yes  No  If yes, date sample was submitted ..... month ..... day ..... year Pump Installed? Yes  No   
 If Yes: Pump Manufacturer's name: windmill well Model No. .... HP ..... Volts .....  
 Depth of Pump Intake ..... ft. Pumps Capacity rated at ..... gal./min.  
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 9 month 94 day 1982 year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 1339  
 This Water Well Record was completed on 6 month 15 day 1982 year under the business name of Bartell Drilling by (signature) George Bartell

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	<u>0</u>	<u>7</u>	<u>Top Soil</u>			
	<u>7</u>	<u>12</u>	<u>Sand &amp; Dirt mix</u>			
	<u>12</u>	<u>33</u>	<u>Sand &amp; Clay strips</u>			
	<u>33</u>	<u>36</u>	<u>Open &amp; Shale</u>			

ELEVATION: Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. 4. .... ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
T  
14  
R  
39  
E  
SEC  
9  
SE 1/4  
NW 1/4  
SW 1/4