

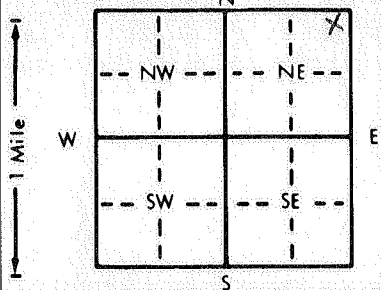
| | | | | |
|--|---|-----------------------------|----------------------------------|---------------------------------------|
| 1 LOCATION OF WATER WELL: County: <u>RUSH</u> | Fraction <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ | Section Number <u>33</u> | Township Number T <u>17</u> S | Range Number R <u>18</u> <u>EW</u> |
|--|---|-----------------------------|----------------------------------|---------------------------------------|

Distance and direction from nearest town or city street address of well if located within city?
600 FEET SOUTH & 150 FEET WEST OF INTERSECTION HIGHWAY K-4 & Elm STREET

2 WATER WELL OWNER: MS. SHELLEY DELKERS MW-12
RR#, St. Address, Box # : RR1, Box 2 Board of Agriculture, Division of Water Resources
City, State, ZIP Code : LA CROSSE, KS 67548 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: 25 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. 19 ft. 2. ft. 3. ft.



4. DEPTH OF COMPLETED WELL. 25 ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. 19 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 16.97 ft. below land surface measured on mo/day/yr 12/5/96

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 8 in. to 25 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 | 9 Dewatering | 12 Other (Specify below) |
| 2 Irrigation | 4 Industrial | 7 Lawn and garden only | 10 <u>Monitoring well</u> | |

Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes No

5 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 | |

Blank casing diameter . . . 2 . . . in. to . . . 15 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.

Casing height above land surface . . . 0 . . . in., weight . . . lbs./ft. Wall thickness or gauge No. Schedule 40

TYPE OF SCREEN OR PERFORATION MATERIAL:

| | | | | |
|---------|--------------------|-----------------|------------|--------------------------|
| 1 Steel | 3 Stainless steel | 5 Fiberglass | 7 PVC | 10 Asbestos-cement |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 8 RMP (SR) | 11 Other (specify) |
| | | | 9 ABS | 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 . . . 15 . . . ft. to . . . 25 . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.

GRAVEL PACK INTERVALS: From . . . 12 . . . ft. to . . . 25 . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grout Intervals: From 1 ft. to 12 ft., From ft. to 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? NORTHEAST How many feet? 800

[illegible]

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) 12/4/96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 524 This Water Well Record was completed on (mo/day/yr) 12/9/96 under the business name of ALLIED LABORATORIES by (signature) [Signature]