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|--|--|--|--|----------------|--|-----------------|--|--------------|--|
| 1 LOCATION OF WATER WELL: | | Fraction | | Section Number | | Township Number | | Range Number | |
| County: Rush | | SW SW 1/4 NW | | 34 | | T 17 S | | R 18 EW | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | | | |
| Northwest corner of 9th Street & Columbia Street | | | | | | | | | |
| 2 WATER WELL OWNER: | | LaCrosse Power Plant | | | | | | | |
| RR#, St. Address, Box # : | | 221 E. 9th Street | | | | | | | |
| City, State, ZIP Code : | | LaCrosse, Ks. | | | | | | | |
| 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: 33 ft. ELEVATION: NA | | | | | | | |
| | | Depth(s) Groundwater Encountered 1. 25 ft. 2. ft. 3. ft. | | | | | | | |
| | | WELL'S STATIC WATER LEVEL 10.95 ft. below land surface measured on mo/day 11-03-93 | | | | | | | |
| | | 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 7 5/8 in. to 33 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 Monitoring well | | | | | | | |
| | | Was a chemical/bacteriological sample submitted to Department? Yes No X | | | | | | | |
| | | Water Well Disinfected? Yes No X | | | | | | | |
| 5 TYPE OF BLANK CASING USED: | | 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped | | | | | | | |
| 1 Steel 3 RMP (SR) | | 6 Asbestos-Cement 9 Other (specify below) Welded | | | | | | | |
| 2 PVC 4 ABS | | 7 Fiberglass Threaded X | | | | | | | |
| Blank casing diameter 2 in. to 18 ft. Dia in. to ft. Dia in. to ft. | | | | | | | | | |
| Casing height above land surface 24 in. weight lbs./ft. Wall thickness or gauge No. sch. 40 | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | 7 PVC 10 Asbestos-cement | | | | | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) | | | | | | | | | |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | 5 Gauzed wrapped 8 Saw cut 11 None (open hole) | | | | | | | |
| 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes | | | | | | | | | |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 18 ft. to 33 ft. From ft. to ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 16 ft. to 33 ft. From ft. to ft. | | | | | | | | | |
| 6 GROUT MATERIAL: | | 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | |
| Grout Intervals: From 0 ft. to 9 ft. From 9 ft. to 16 ft. From ft. to ft. | | | | | | | | | |
| What is the nearest source of possible contamination: | | 10 Livestock pens 14 Abandoned water well | | | | | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well | | | | | | | | | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) | | | | | | | | | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage | | | | | | | | | |
| Direction from well? northwest | | How many feet? 205 | | | | | | | |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS | | | | | | | | | |
| 0 1 topsoil, organic mat | | | | | | | | | |
| 1 3 cly, v drk brn, mod-v slty, f snd | | | | | | | | | |
| 3 6 cly, olv brn, v slty, tr calc mat | | | | | | | | | |
| 6 18 cly, med red brn, v slty, mod snd, f-med grnd, calc mat | | | | | | | | | |
| 18 30 cly, med gry, v slty, tr v f snd, mod snd @ 25' | | | | | | | | | |
| 30 33 snd, v f-med grnd, green-blue, v clyey, tr grvl & limestone | | | | | | | | | |
| | | MW5-above ground cover | | | | | | | |
| 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) 10-21-93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 01-03-94 under the business name of GeoCore Services, Inc. by (signature) Dale R. [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 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. | | | | | | | | | |