

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>McPherson</u>		<u>NW 1/4 NE 1/4 NW 1/4</u>	<u>21</u>	<u>T 19 S</u>	<u>R 3 E</u>
Distance and direction from nearest town or city street address of well if located within city?					
<u>520 East Northview McPherson, Kansas 67460</u>					
2 WATER WELL OWNER: <u>Saint Joseph's Church</u>					
RR#, St. Address, Box # : <u>520 East Northview</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>McPherson, Ks. 67460</u>				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>49</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>UNKNOWN</u> ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>NA</u> ft. below land surface measured on mo/day/yr <u>7-3-96</u>			
		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 in. to ft., and in. to ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
5 TYPE OF BLANK CASING USED:					
<input checked="" type="checkbox"/> 1 Steel 3 RMP (SR) <input type="checkbox"/> 2 PVC 4 ABS		<input type="checkbox"/> 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped <input type="checkbox"/> 6 Asbestos-Cement 9 Other (specify below) Welded <input type="checkbox"/> 7 Fiberglass Threaded			
Blank casing diameter <u>2"</u> in. to <u>49'0"</u> ft., Dia. in. to ft., Dia. in. to ft.					
Casing height above land surface <u>0</u> in., weight lbs./ft. Wall thickness or gauge No.					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> 1 Steel 3 Stainless steel 5 Fiberglass <input type="checkbox"/> 2 Brass 4 Galvanized steel 6 Concrete tile		<input type="checkbox"/> 7 PVC 10 Asbestos-cement <input type="checkbox"/> 8 RMP (SR) 11 Other (specify) <u>NA</u> <input type="checkbox"/> 9 ABS 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="checkbox"/> 1 Continuous slot 3 Mill slot <input type="checkbox"/> 2 Louvered shutter 4 Key punched		<input type="checkbox"/> 5 Gauzed wrapped 8 Saw cut 11 None (open hole) <input type="checkbox"/> 6 Wire wrapped 9 Drilled holes <input type="checkbox"/> 7 Torch cut 10 Other (specify) <u>NA</u>			
SCREEN-PERFORATED INTERVALS: From <u>999</u> ft. to <u>999</u> ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.					
6 GROUT MATERIAL:					
<input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals: From <u>49</u> ft. to <u>3</u> ft., From ft. to ft., From ft. to ft.					
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank 4 Lateral lines 7 Pit privy <input type="checkbox"/> 2 Sewer lines 5 Cess pool 8 Sewage lagoon <input type="checkbox"/> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard		<input type="checkbox"/> 10 Livestock pens 14 Abandoned water well <input type="checkbox"/> 11 Fuel storage 15 Oil well/Gas well <input type="checkbox"/> 12 Fertilizer storage 16 Other (specify below) <input type="checkbox"/> 13 Insecticide storage			
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			3'0"	49'0"	Cement Grout
			3'0"	0'6"	Sand and Gravel
			0'6"	0'0"	Cement Floor
			Their was 1 1/2 yards of cement in and over Water Well.		
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) <u>7-3-96</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) <u>Unknown</u>					
under the business name of <u>Board of Public Utilities</u> by (signature) <u>Fred J. Helgath</u>					
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.					