

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Wichita</u>		<u>SW</u> 1/4 <u>NW</u> 1/4 <u>NW</u> 1/4		<u>3</u>		<u>T</u> <u>19</u> <u>S</u>		<u>R</u> <u>37</u> <u>E/W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>2 1/2 miles West 3 miles South of Leoti, Kansas</u>									
2 WATER WELL OWNER:		<u>David Palkowitsh</u>							
RR#, St. Address, Box # :		<u>R R</u>							
City, State, ZIP Code :		<u>Leoti, Kansas 67861</u>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>55</u> ft. ELEVATION: _____							
		Depth(s) Groundwater Encountered 1. <u>30</u> ft. 2. _____ ft. 3. _____ ft.							
		WELL'S STATIC WATER LEVEL <u>30</u> ft. below land surface measured on mo/day/yr <u>8/12/83</u>							
		NA 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 <u>9</u> in. to <u>55</u> ft., and _____ in. to _____ ft.							
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well							
		<u>1 Domestic</u> 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)							
		2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well							
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____							
		Water Well Disinfected? Yes <u>X</u> No _____							
5 TYPE OF BLANK CASING USED:		5 Wrought iron 8 Concrete tile CASING JOINTS: <u>Glued</u> _____ Clamped _____							
1 Steel 3 RMP (SR)		6 Asbestos-Cement 9 Other (specify below) _____ Welded _____							
<u>2 PVC</u> 4 ABS		7 Fiberglass _____ Threaded _____							
Blank casing diameter <u>5</u> in. to <u>35</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <u>12</u> in., weight <u>2.9</u> lbs./ft. Wall thickness or gauge No. <u>265</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:		<u>7 PVC</u> 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 <u>8 Saw cut</u> 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 <u>35</u> ft. to <u>55</u> ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>15</u> ft. to <u>55</u> ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL: <u>1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other _____									
Grout Intervals: From <u>4</u> ft. to <u>15</u> ft., From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well							
<u>1 Septic tank</u> 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? <u>North</u>		How many feet? <u>100</u>							
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG				
0	10	Clay	10	22	Sand				
22	48	Caliche sand streaks	48	53	Fine sand				
53	55	Yellow clay	55		Shale				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8/15/83</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>232</u> This Water Well Record was completed on (mo/day/yr) <u>8/16/83</u> under the business name of <u>Weishaar Drilling &amp; Supply Co.</u> by (signature) <u>David Palkowitsh</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.									