

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Rice</b>		<b>NW</b> $\frac{1}{4}$ <b>NE</b> $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$	<b>17</b>	<b>T 19 S</b>	<b>R 6 E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>385 Main Street, Little River, Kansas</b>					
2 WATER WELL OWNER: <b>Jack Wempe</b>					
RR#, St. Address, Box # : <b>915 W. Noble</b>					
City, State, ZIP Code : <b>Lyons, Kansas 67554-3113</b>					
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 <b>35.0</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 <b>28.0</b> ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <b>27.85</b> ft. below land surface measured on mo/day/yr <b>06/26/07</b>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <b>8.5</b> in. to <b>35.0</b> ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well					
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes _____ No <b>X</b>					
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 <b>X</b>					
Blank casing diameter <b>2.375</b> in. to <b>20.0</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface <b>Flush Mount</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Schedule 40</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____					
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 <b>35.0</b> ft. to <b>20.0</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>35.0</b> ft. to <b>17.0</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals From <b>0.0</b> ft. to <b>1.5</b> ft. From <b>1.5</b> ft. to <b>17.0</b> 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 (former) 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? <b>West</b> How many feet? <b>90</b>					
FROM	TO	CODE	LITHOLOGIC LOG		
<b>0.0</b>	<b>0.5</b>		<b>Aggregate</b>		
<b>0.5</b>	<b>12.0</b>		<b>Fill material; red brown silty sand, fine-medium grained, slightly moist-moist</b>		
<b>12.0</b>	<b>17.5</b>		<b>Light red brown very silty clay, very firm, moist</b>		
<b>17.5</b>	<b>35.0</b>		<b>Light red brown-red brown very silty clay, very firm, moist, wet @28'; strong hydrocarbon odor</b>		
<b>Flush-mount well completion waiver existent for site.</b>					
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/yr) <b>06/26/07</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>692</b> This Water Well Record was completed on (mo/day/yr) <b>07/04/07</b>					
under the business name of <b>Quad State Services, Inc.</b> by (signature)					

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.