

1) LOCATION OF WATER WELL: County: <u>KENOSHA</u>		Fraction <u>NW</u> <u>NE</u> <u>SW</u> <u>SE</u> <u>S 1/4 SW 1/4 NE 1/4 NW 1/4 SE 1/4</u>	Section Number <u>6</u>	Township Number <u>23</u>	Range Number <u>R 6E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>FROM THE CORNER OF SEC. 6 119'S</u>					
2) WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :					
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		MW-7 Board of Agriculture, Division of Water Resources Application Number: <u>TOL 1534.05</u>			
A diagram showing a square section divided into four smaller squares by dashed lines. The top-left square is labeled 'NW', top-right 'NE', bottom-left 'SW', and bottom-right 'SE'. A small 'x' marks the intersection of the dashed lines.		4) DEPTH OF COMPLETED WELL: <u>24.5</u> ft. ELEVATION: <u>TOC 1534.05</u>			
		Depth(s) Groundwater Encountered 1. <u>15</u> ft. 2. .ft. 3. .ft.			
		Well's Static Water Level .. <u>15.54</u> ft. below land surface measured on mo/day/yr ... <u>7/10/98</u>			
		Pump test data: Well water was hours pumping gpm Est. Yield gpm: Well water was hours pumping gpm Bore Hole Diameter... <u>.8</u> in. to 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..✓; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes _____ No ✓_____					
5) TYPE OF BLANK CASING USED:					
Blank casing diameterin. toft., Dia.in. toft., Dia.in. toft. Casing height above land surface....in., weightlbs./ft. Wall thickness or gauge No.					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
SCREEN OR PERFORATION OPENINGS ARE:					
SCREEN-PERFORATED INTERVALS: From ...ft. to ...ft., From ...ft. to ...ft., From ...ft. to ...ft.					
GRAVEL PACK INTERVALS: From ...ft. to ...ft., From ...ft. to ...ft., From ...ft. to ...ft.					
6) GROUT MATERIAL:					
Grout Intervals: From ...ft. to ...ft., From ...ft. to ...ft., From ...ft. to ...ft.					
What is the nearest source of possible contamination:					
Direction from well?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5'	SILT, BRN, MOIST, SOME CLAY, NO ODOOR			
5'	10'	SAND, TAN, FINE GRAINED, MOIST, NO ODOOR			
10'	15'	SAND, TAN, MED-GRAINED, MOIST, NO ODOOR			
15'	24.5'	SAND, TAN, COARSE GRAINED, WET, NO ODOOR			
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>3/5/98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>483</u> This Water Well Record was completed on (mo/day/yr) <u>4/30/98</u> under the business name of _____ by (signature) <u>[Signature]</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.					

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