

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: <u>REGO</u>		<u>NW 1/4 NE 1/4 NE 1/4</u>		<u>28</u>		<u>T 24 S</u>		<u>R 5 EW</u>			
Distance and direction from nearest town or city street address of well if located within city?											
<u>2 HOUSE WEST OF YOPER GRADE SCHOOL (OR 1/2 BLOCK)</u>											
2 WATER WELL OWNER:		<u>DALE KAUFFMAN</u>									
RR#, St. Address, Box # :		<u>14745 US 20</u>									
City, State, ZIP Code :		<u>MIDDLEBURY INDIANA</u>									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>63</u> ft. ELEVATION:									
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>45</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was <u>47</u> ft. after <u>2</u> hours pumping <u>15</u> gpm Est. Yield <u>40</u> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>8.0</u> in. to <u>7.0</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: ☒ 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 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: ☒ 1 Steel ☐ 3 RMP (SR) ☐ 5 Wrought iron ☐ 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____ ☒ 2 PVC ☐ 4 ABS ☐ 6 Asbestos-Cement ☐ 9 Other (specify below) Welded _____ ☐ 3 Fiberglass _____ Threaded _____ Blank casing diameter <u>6</u> in. to <u>48</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft. Casing height above land surface <u>12</u> in., weight <u>3.25</u> lbs./ft. Wall thickness or gauge No. <u>160</u>									
		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 <u>48</u> ft. to <u>63</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>40</u> ft. to <u>63</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL:		☒ 1 Neat cement ☐ 2 Cement grout ☐ 3 Bentonite ☐ 4 Other _____ Grout Intervals: From <u>5</u> ft. to <u>16</u> ft., From _____ ft. to _____ 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 ☐ 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? <u>SOUTH</u> How many feet? <u>60</u>									
FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
<u>0</u>		<u>40</u>		<u>02 BLACK SILT</u>							
<u>40</u>		<u>45</u>		<u>01 BROWN CLAY</u>							
<u>45</u>		<u>65</u>		<u>08 MED BROWN SAND</u>							
<u>65</u>		<u>70</u>		<u>06 GRAY CLAY</u>							
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>3-22-83</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>431</u> This Water Well Record was completed on (mo/day/yr) <u>10-22-83</u> under the business name of <u>MILLER WATER WELL</u> by (signature) <u>John Miller</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.											