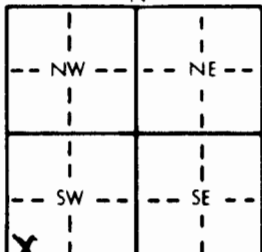


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Keno</u>		<u>SW 1/4 SW 1/4 SW 1/4</u>	<u>20</u>	<u>T 26 S</u>	<u>R 5</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>3W, 1N, ST. Joe</u>					
2 WATER WELL OWNER: <u>Don Heimerman</u>		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : <u>25110 S. Willison Rd.</u>		Application Number:			
City, State, ZIP Code : <u>MT. Hope, KS. 67108</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>65</u> ft. ELEVATION: <u>50</u> ft.			
		Depth(s) Groundwater Encountered 1. <u>19</u> ft. 2. <u>38</u> ft. 3. <u>50</u> ft.			
		WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on <u>mo/day/yr</u> <u>10-10-94</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: <u>10</u> in. to <u>65</u> 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 <u>Lawn and garden only</u> 10 Monitoring 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:		CASING JOINTS: <u>Glued</u> _____ Clamped _____			
1 Steel 3 RMP (SR) 5 Wrought iron 6 Asbestos-Cement 8 Concrete tile 9 Other (specify below) _____		Welded _____			
2 <u>PVC</u> 4 ABS 7 Fiberglass _____		Threaded _____			
Blank casing diameter <u>5</u> in. to <u>45</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SPR26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 <u>PVC</u> 10 Asbestos-cement			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____		12 None used (open hole)			
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS _____					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 8 Saw cut 11 None (open hole)			
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes _____		10 Other (specify) _____			
2 Louvered shutter 4 Key punched 7 Torch cut _____					
SCREEN-PERFORATED INTERVALS: From <u>45</u> ft. to <u>65</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>65</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>Baroid-Hole Plug</u>					
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well			
1 <u>Septic tank</u> 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well		12 Fertilizer storage 16 Other (specify below)			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 13 Insecticide storage _____					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard _____					
Direction from well? <u>SE</u>		How many feet? <u>250</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Soil			
2	9	Clay			
9	65	Red Shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-10-94</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>395</u> This Water Well Record was completed on (mo/day/yr) <u>10-26-94</u>					
under the business name of <u>Craig Roberts Co.</u> by (signature) <u>Craig Roberts</u>					
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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.					