

1 LOCATION OF WATER WELL: County: <u>Decatur</u>	Fraction <u>NW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	Section Number <u>25</u>	Township Number T <u>4</u> S	Range Number R <u>27</u> EW
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Distance and direction from nearest town or city street address of well if located within city?

Jennings, KS at 119 Topeka - 10 feet from Southwest Corner of House

2) WATER WELL OWNER: Lillian Shimmick
RR#, St. Address, Box # : P.O. Box 57

City, State, ZIP Code Jennings, KS 67643 Application Number: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL..... 33 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. 1 ft. 2. 2 ft. 3. 3 ft.

WELL'S STATIC WATER LEVEL 3 ft. below land surface measured on 10/24/2017

WELL'S STATIC WATER LEVEL ... 52 ... ft. below land surface measured on mo/day/yr ...

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	in. to		ft. and	in. to	ft.

W			E	WELL WATER TO BE USED AS:	5 Public water supply	8 Air conditioning	11 Injection well
				1 Domestic	6 Irrigation	9 Dyeing	12 Other

SW	SE	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

5	TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued Clamped
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1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded
2 PVC	4 ABS	7 Fiberglass		Threaded

Blank casing diameter 5 1/2 in. to 33 ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
Casing height above land surface _____ in. weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 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:

1 Continuous slot	2 Mill slot	3 Mill slot	4 Mill slot	5 Gauzed wrapped	6 Mill slot	7 None used (open hole)	8 Saw cut	9 Drill cut	10 Drill cut	11 None (open hole)
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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 ft. to ft., 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., From	ft. to	ft.
6	GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					

Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.

1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well

2 Fuel storage 5 Fuel storage 8 Fuel storage 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? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			33	33	SAND SUBSEQUENT

			33	32	SAND - CLAY MIXED
			32	6	COMPACTED SUBSOIL CLAY

			6	3	BENTONITE CLAY
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			3	0	subsoil + Topsoil Mix
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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) 12/12/90 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) 12/12/98
under the business name of _____ by (signature) _____

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.
