

1 LOCATION OF WATER WELL: County: REPUBLIC Cloud	Fraction NW 1/4 NE 1/4 NE 1/4	Section Number 29	Township Number T 7 S	Range Number R 1 (E/W)
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Distance and direction from nearest town or city street address of well if located within city?
~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ **4 1/2 North & 1/4 West of Miltonvale**

2 WATER WELL OWNER: **David Affolter**
 RR#, St. Address, Box #: **407 Walnut**
 City, State, ZIP Code: **Morganville, KS. 67468**
 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: 100 ft. ELEVATION:
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Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL **25** ft. below land surface measured on mo/day/yr **8/31/00**

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield **40** gpm: Well water was ft. after hours pumping gpm

Bore Hole Diameter **10** in. to **100** 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 **Livestock**

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:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded
2 PVC	4 ABS	7 Fiberglass		Threaded

Blank casing diameter **5** in. to **80** ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface **18** in., weight **190** lbs./ft. Wall thickness or gauge No. **.258**

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)

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 **80** ft. to **100** ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **30** ft. to **100** ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From **5** ft. to **30** 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? **West** How many feet? **40**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	10	Orange Clay			
10	15	Sand (Fine)			
15	41	Sandstone			
41	44	Red & Gray Clay			
44	50	Yellow & White Clay			
50	63	Sandstone & Blue Clay			
63	90	Sandstone			
90	102	Blue Clay			

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) **8/31/00** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **518** This Water Well Record was completed on (mo/day/yr) **9/10/00** under the business name of **Blue Valley Drilling** 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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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