

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Shawnee</u>		<u>NE 1/4 SW 1/4 NE 1/4</u>	<u>1</u>	T <u>10</u> S	R <u>12</u> E
Distance and direction from nearest town or city street address of well if located within city? <u>from St. Marys go east 1.5 miles and go 3 1/2 miles north to N.W. 90th</u>					
2 WATER WELL OWNER: <u>John Morgali</u>					
RR#, St. Address, Box # : <u>320 S. 6th</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>St. Marys, Ks. 66536</u>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>80</u> ft. ELEVATION: .....			
		Depth(s) Groundwater Encountered 1. <u>69</u> ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <u>65</u> ft. below land surface measured on mo/day/yr .....			
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Est. Yield <u>2</u> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Bore Hole Diameter <u>9</u> in. to <u>80</u> ft., and ..... in. to ..... ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)			
		<input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes..... No..... If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		6 Asbestos-Cement	
				9 Other (specify below)	
				7 Fiberglass	
Blank casing diameter <u>5</u> in. to <u>60</u> ft., Dia				Casing joints: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped	
Casing height above land surface <u>2</u> in., weight <u>Sch 40</u> lbs./ft.				<input type="checkbox"/> Welded	
TYPE OF SCREEN OR PERFORATION MATERIAL:				<input type="checkbox"/> Threaded	
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				9 ABS	
SCREEN OR PERFORATION OPENINGS ARE:				10 Asbestos-cement	
1 Continuous slot		3 Mill slot <u>25/1000</u>		8 RMP (SR)	
2 Louvered shutter		4 Key punched		11 Other (specify) .....	
				12 None used (open hole)	
SCREEN-PERFORATED INTERVALS:				8 Saw cut	
From <u>60</u> ft. to <u>80</u> ft.				11 None (open hole)	
				9 Drilled holes	
GRAVEL PACK INTERVALS:				10 Other (specify) .....	
From <u>25</u> ft. to <u>80</u> ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		<input checked="" type="checkbox"/> 3 Bentonite	
4 Other .....					
Grout Intervals: From <u>0</u> ft. to <u>25</u> ft., From ..... ft. to ..... ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well? How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Top Soil			
2	4	Brown Clay			
4	12	Greenish Shale			
12	28	Brown Shale			
28	31	Limestone			
31	50	Brown shale			
50	57	Limestone			
57	60	Brown Shale			
60	63	Limestone			
63	69	Reddish Brown Shale			
69	74	Limestone (water)			
74	80	Gray shale			
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>11/6/1998</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>451</u> This Water Well Record was completed on (mo/day/yr) <u>12/18/98</u> under the business name of <u>Halderman Well Drilling</u> by (signature) <u>Craig E. Halderman</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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