

COPY HP

1 LOCATION OF WATER WELL: Fraction SW 1/4 NW 1/4 NW 1/4 Section Number 28 Township Number T 13 S Range Number R 3 EW
 County: Dickinson

Distance and direction from nearest town or city street address of well if located within city?
502 Gallery

2 WATER WELL OWNER: Enterprise Estate Nursing Home
 RR#, St. Address, Box #: 502 Gallery Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Enterprise Kansas 67441 Application Number: 37171

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: 126 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 34 ft. 2. 118 ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 31 ft. below land surface measured on mo/day/yr July 9 84
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 200 gpm; Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 11 in. to 126 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 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 Observation well
 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) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped _____
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter 8 in. to 31 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 14 in., weight _____ lbs./ft. Wall thickness or gauge No. Sch 40
 TYPE OF SCREEN OR PERFORATION MATERIAL: 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 3 Mill slot 5 Gauzed wrapped 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 31 ft. to 126 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: Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 4 ft. to 15 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
 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? North How many feet? 150

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Topsoil	63	68	Lime & Flint gray
3	6	Lime Broken	68	75	Shale Olive
6	10	Shale TAN	75	78	LIME TAN
10	12	Lime lite TAN	78	82	Shale gray
12	16	Shale lite TAN	82	83	LIME TAN
16	17	LIME	83	96	Red Rock
17	29	Red Rock	96	101	Soupy Red Rock
29	30	LIME TAN	101	103	LIME TAN
30	33	Shale Green	103	118	Shale & Lime Lenses gray
33	34	LIME TAN	118	120	LIME Fractured 100gpm
34	35	Break 58gpm	120	126	Shale Blue
35	52	LIME TAN			
52	58	Shale Yel			
58	59	LIME Yel			
59	63	Shale Gray			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) July 9 84 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 218 This Water Well Record was completed on (mo/day/yr) March 5 84 under the business name of Zinn Water Well Drlg. by (signature) Joseph A. Zinn

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.

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