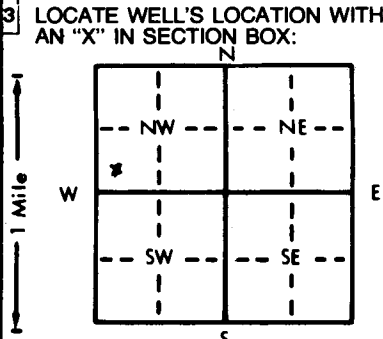


COPY - HP

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



4 DEPTH OF COMPLETED WELL: 124 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 32 ft. 2. 115 ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 28 ft. below land surface measured on mo/day/yr July 14 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 124 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 Observation well
 Was a chemical/bacteriological sample submitted to Department? Yes NO X; 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 X Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter 8 in. to 28 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:
 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) _____
 12 None used (open hole)
 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 28 ft. to 124 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 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
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? South How many feet? 150

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
1	20	Topsoil	59	63	22 Lime & Flint Gray
2	4	20 Lime Broken Yel	63	74	19 Shale Olive
4	8	19 Shale Yel	74	75	20 LIME
8	10	20 Lime Fractured like TAN	75	77	Shale gray
10	14	19 Shale Yel	77	97	Red Rock
14	15	20 Lime	97	100	19 Soupy Red
15	26	19 Red Rock	100	112	21 Lime & Shale gray
26	27	20 Lime TAN	112	115	LIME TAN
27	30	19 Shale Green	115	118	20 Lime Fractured 100gpm+
30	32	20 Lime TAN	118	124	19 Shale Blue
32	33	Break 58gpm			
33	51	20 Lime TAN			
51	57	19 Shale Yel			
57	58	20 Lime Yel			
58	59	19 Shale Gray			

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) July 14 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 Drilling 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.

OFFICE USE ONLY
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13
R
W
EW
SEC. 28
SW 1/4
SE 1/4
NW 1/4
NE 1/4