

1 LOCATION OF WATER WELL
 County: MORRIS Fraction NW 1/4 NW 1/4 NW 1/4 Section Number 5 Township Number T 14 S Range Number R 6 EW
 Distance and direction from nearest town or city? IN Skiddy Street address of well if located within city? NONE

2 WATER WELL OWNER:
 RR#, St. Address, Box # : Albert Wood's
 City, State, ZIP Code : At 1 White City Board of Agriculture, Division of Water Resources
 Application Number: _____

3 DEPTH OF COMPLETED WELL 65 ft. Bore Hole Diameter 8 in. to 13 ft., and 6 1/4 in. to 60 ft.
 Well Water to be used as:
 1 Domestic 1 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)
 10 Observation well
 Well's static water level 50 ft. below land surface measured on 4/21 month 17 day 81 year
 Pump Test Data : Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 1/3 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing dia 5 in. to 50 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 18 in., weight _____ lbs./ft. Wall thickness or gauge No. .214
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-Perforation Dia 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 50 ft. to 65 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL:
 1 Neat cement 2 Cement grout 2 3 Bentonite 4 Other _____
 Grouted Intervals: From 3 ft. to 13 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 3 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 Direction from well SE How many feet 60 ? Water Well Disinfected? Yes No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample was submitted _____ month _____ day _____ year: Pump installed? Yes _____ No
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

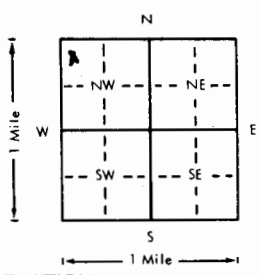
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 1 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 4/21 month 17 day 81 year and this record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No. 210
 This Water Well Record was completed on 4/21 month 20 day 81 year under the business name of ZINN Water Well Dring by (signature) Joseph A. Zinn

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Top Soil			
2	25	Clay Brn			
25	28	Gravel Dry			
28	32	LIME			
32	38	Shale Blue			
38	41	LIME			
41	56	Shale Gray			
56	60	LIME			
60	61	Shale Blue			
61	65	LIME			

ELEVATION:
 Depth(s) Groundwater Encountered 1. 56 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

OFFICE USE ONLY
 T 14
 R 6
 SEC. 5
 NW 1/4
 SW 1/4
 SE 1/4
 NE 1/4



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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.