

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Morris</u>		<u>NW 1/4 NE 1/4 NW 1/4</u>		<u>17</u>		<u>T 14 S</u>		<u>R 7</u> <u>EW</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>2 3/4 East & 3 North of White City</u>									
2 WATER WELL OWNER: <u>Dorrell Johnson</u>									
RR#, St. Address, Box # : <u>RE</u>									
City, State, ZIP Code : <u>White City, Ks 66872</u>									
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: <u>85</u> ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1. <u>Reconstruct</u> 2. _____ ft. 3. _____ ft.							
		WELL'S STATIC WATER LEVEL <u>22</u> ft. below land surface measured on mo/day/yr <u>Feb 28 91</u>							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Est. Yield <u>10+</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Bore Hole Diameter <u>10-15</u> in. to _____ ft. and <u>7</u> in. to <u>8.5</u> ft.							
		WELL WATER TO BE USED AS:							
		<input checked="" type="radio"/> Domestic <input type="radio"/> 3 Feedlot <input type="radio"/> 6 Oil field water supply <input type="radio"/> 9 Dewatering <input type="radio"/> 12 Other (Specify below)							
		<input type="radio"/> 2 Irrigation <input type="radio"/> 4 Industrial <input type="radio"/> 7 Lawn and garden only <input type="radio"/> 10 Monitoring well							
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____							
		Water Well Disinfected? <u>Yes</u> No _____							
5 TYPE OF BLANK CASING USED:									
<input type="radio"/> 1 Steel <input type="radio"/> 3 RMP (SR) <input type="radio"/> 5 Wrought iron <input type="radio"/> 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____									
<input checked="" type="radio"/> 2 PVC <input type="radio"/> 4 ABS <input type="radio"/> 6 Asbestos-Cement <input type="radio"/> 9 Other (specify below) Welded _____									
<input type="radio"/> 7 Fiberglass _____ Threaded _____									
Blank casing diameter <u>5</u> in. to <u>25</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface <u>20</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SPR-26</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
<input type="radio"/> 1 Steel <input type="radio"/> 3 Stainless steel <input type="radio"/> 5 Fiberglass <input checked="" type="radio"/> 7 PVC <input type="radio"/> 10 Asbestos-cement									
<input type="radio"/> 2 Brass <input type="radio"/> 4 Galvanized steel <input type="radio"/> 6 Concrete tile <input type="radio"/> 8 RMP (SR) <input type="radio"/> 11 Other (specify) _____									
<input type="radio"/> 9 ABS <input type="radio"/> 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
<input type="radio"/> 5 Gauzed wrapped <input checked="" type="radio"/> 8 Saw cut <input type="radio"/> 11 None (open hole)									
<input type="radio"/> 1 Continuous slot <input type="radio"/> 3 Mill slot <input type="radio"/> 6 Wire wrapped <input type="radio"/> 9 Drilled holes									
<input type="radio"/> 2 Louvered shutter <input type="radio"/> 4 Key punched <input type="radio"/> 7 Torch cut <input type="radio"/> 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From <u>25</u> ft. to <u>85</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>NONE</u> ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: <input checked="" type="radio"/> 1 Neat cement <input type="radio"/> 2 Cement grout <input type="radio"/> 3 Bentonite <input type="radio"/> 4 Other _____									
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:									
<input type="radio"/> 1 Septic tank <input type="radio"/> 4 Lateral lines <input type="radio"/> 7 Pit privy <input type="radio"/> 10 Livestock pens <input type="radio"/> 14 Abandoned water well									
<input type="radio"/> 2 Sewer lines <input type="radio"/> 5 Cess pool <input type="radio"/> 8 Sewage lagoon <input type="radio"/> 11 Fuel storage <input type="radio"/> 15 Oil well/Gas well									
<input type="radio"/> 3 Watertight sewer lines <input type="radio"/> 6 Seepage pit <input type="radio"/> 9 Feedyard <input type="radio"/> 12 Fertilizer storage <input type="radio"/> 16 Other (specify below)									
<input type="radio"/> 13 Insecticide storage <u>in Pasture</u>									
Direction from well? <u>Within</u> How many feet? <u>within</u>									
FROM		TO		LITHOLOGIC LOG		FROM		TO	
				<u>This Well was reconstructed</u> <u>Formation unknown</u>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) <u>reconstructed</u> , or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>Feb 28 91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>218</u> This Water Well Record was completed on (mo/day/yr) <u>Mar 7 91</u> under the business name of <u>Zinn Water Well Drllg</u> by (signature) <u>Joseph A. Zinni</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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									