

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number																																																						
County: <u>Morris</u>	<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>4</u>	T <u>15</u> S	R <u>9</u> <u>EW</u>																																																						
Distance and direction from nearest town or city? <u>4 mi N - 5 East Council Grove, Ks</u>		Street address of well if located within city?																																																								
WATER WELL OWNER: <u>Emmitt Kozgen</u>		Board of Agriculture, Division of Water Resources																																																								
RR#, St. Address, Box #: <u>RR1</u>		Application Number:																																																								
City, State, ZIP Code: <u>Alta Vista, Ks 66834</u>																																																										
DEPTH OF COMPLETED WELL: <u>42</u> ft. Bore Hole Diameter: <u>6</u> in. to <u>42</u> ft., and <u>42</u> in. to <u>42</u> ft.																																																										
Well Water to be used as:																																																										
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Air conditioning <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Observation well																																																										
Well's static water level: <u>15</u> ft. below land surface measured on <u>Aug</u> month <u>26</u> day <u>1980</u> year																																																										
Pump Test Data: Well water was <u>5</u> gpm: Well water was <u>5</u> ft. after <u>5</u> hours pumping <u>5</u> gpm																																																										
Est. Yield: <u>5</u> gpm: Well water was <u>5</u> ft. after <u>5</u> hours pumping <u>5</u> gpm																																																										
TYPE OF BLANK CASING USED:																																																										
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) Casing Joints: Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/> <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> Welded <input type="checkbox"/> <input type="checkbox"/> Blank casing dia <u>5</u> in. to <u>42</u> ft., Dia <u>5</u> in. to <u>42</u> ft., Dia <u>5</u> in. to <u>42</u> ft., Dia <u>5</u> in. to <u>42</u> ft. Casing height above land surface: <u>14</u> in., weight <u>14</u> lbs./ft. Wall thickness or gauge No. <u>160</u>																																																										
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																										
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole) Screen or Perforation Openings Are: <input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify)																																																										
Screen-Perforation Dia: <u>5</u> in. to <u>42</u> ft., Dia <u>5</u> in. to <u>42</u> ft., Dia <u>5</u> in. to <u>42</u> ft., Dia <u>5</u> in. to <u>42</u> ft.																																																										
Screen-Perforated Intervals: From <u>20</u> ft. to <u>42</u> ft., From <u>20</u> ft. to <u>42</u> ft., From <u>20</u> ft. to <u>42</u> ft., From <u>20</u> ft. to <u>42</u> ft.																																																										
Gravel Pack Intervals: From <u>20</u> ft. to <u>42</u> ft., From <u>20</u> ft. to <u>42</u> ft., From <u>20</u> ft. to <u>42</u> ft., From <u>20</u> ft. to <u>42</u> ft.																																																										
GROUT MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other																																																										
Grouted Intervals: From <u>12</u> ft. to <u>2</u> ft., From <u>12</u> ft. to <u>2</u> ft., From <u>12</u> ft. to <u>2</u> ft., From <u>12</u> ft. to <u>2</u> ft.																																																										
What is the nearest source of possible contamination:																																																										
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Cess pool <input type="checkbox"/> 7 Sewage lagoon <input checked="" type="checkbox"/> 10 Fuel storage <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Seepage pit <input type="checkbox"/> 8 Feed yard <input type="checkbox"/> 11 Fertilizer storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Lateral lines <input type="checkbox"/> 6 Pit privy <input type="checkbox"/> 9 Livestock pens <input type="checkbox"/> 12 Insecticide storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 13 Watertight sewer lines																																																										
Direction from well: <u>NE</u> How many feet: <u>2000</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																																																										
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample was submitted: <u> </u> month <u> </u> day <u> </u> year: Pump Installed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																										
If Yes: Pump Manufacturer's name: <u> </u> Model No. <u> </u> HP <u> </u> Volts <u> </u>																																																										
Depth of Pump Intake: <u> </u> ft. Pumps Capacity rated at <u> </u> gal./min.																																																										
Type of pump: <input type="checkbox"/> 1 Submersible <input type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 6 Other																																																										
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>Aug</u> month <u>26</u> day <u>1980</u> year																																																										
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>349</u>																																																										
This Water Well Record was completed on <u>Sept</u> month <u>3</u> day <u>1980</u> year under the business name of <u>Bledsoe Drilling Co.</u> by (signature) <u>John A. Bledsoe</u>																																																										
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG																																																								
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>5</td> <td>Topsoil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>17</td> <td>Lime/Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>17</td> <td>20</td> <td>Shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>25</td> <td>Lime</td> <td></td> <td></td> <td></td> </tr> <tr> <td>25</td> <td>30</td> <td>Shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>30</td> <td>32</td> <td>Shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>32</td> <td>35</td> <td>Lime</td> <td></td> <td></td> <td></td> </tr> <tr> <td>35</td> <td>42</td> <td>Shale</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	0	5	Topsoil				5	17	Lime/Clay				17	20	Shale				20	25	Lime				25	30	Shale				30	32	Shale				32	35	Lime				35	42	Shale			
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ELEVATION:		Depth(s) Groundwater Encountered 1. <u>32</u> ft. 2. <u> </u> ft. 3. <u> </u> ft. 4. <u> </u> ft. (Use a second sheet if needed)																																																								

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.