

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Dickinson</u>		<u>SE</u> 1/4 <u>SE</u> 1/4 <u>NE</u> 1/4	<u>13</u>	T <u>16</u> S	R <u>3</u> <u>EN</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2 S & 2 E of Center of Hope</u>					
2 WATER WELL OWNER: <u>Kent Sly #2</u> RR#, St. Address, Box # : <u>Rt 3</u> City, State, ZIP Code : <u>Herington, Ks 67449</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>50</u> ft. ELEVATION: <u>35</u> ft.			
		Depth(s) Groundwater Encountered 1. <u>35</u> ft. 2. <u>35</u> ft. 3. <u>35</u> ft.			
		WELL'S STATIC WATER LEVEL <u>23</u> ft. below land surface measured on mo/day/yr <u>Jan 14 90</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>20+</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8</u> in. to <u>24</u> ft., and _____ in. to _____ 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"/> Dewatering <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Monitoring well <input type="checkbox"/> Other (Specify below)					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? <input checked="" type="checkbox"/> Yes _____ No					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ <input checked="" type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____					
Blank casing diameter <u>5</u> in. to <u>30</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>16</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR-24</u>					
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 <u>30</u> ft. to <u>50</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>NONE</u> ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From <u>3</u> ft. to <u>24</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank <input checked="" type="checkbox"/> Lateral lines <u>Proposed</u> 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? <u>West South West down grade</u> How many feet? <u>100</u>					
FROM		TO		LITHOLOGIC LOG	
FROM		TO		PLUGGING INTERVALS	
0		3		Top soil	
3		5		Lime Yel	
5		17		Shale Yel	
17		24		Shale Lite Gray	
24		30		Lime Loose Gray	
30		33		Lime Solid	
33		35		Shale lite Gray	
35		37		Lime Almost White	
37		46		Shale f Lime Lite	
46		50		Lime Lite	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>Jan 14 90</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>Jan 28-90</u> under the business name of <u>Zinn Water Well Drlg.</u> by (signature) <u>Joseph A. Zinn</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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.					