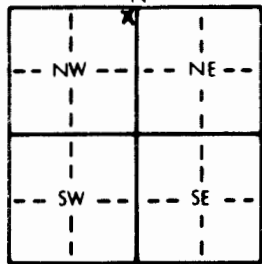


1 LOCATION OF WATER WELL: Fraction NE 1/4 NE 1/4 NW 1/4 Section Number 30 Township Number T 16 S Range Number R 6 E
 County: Morris

Distance and direction from nearest town or city street address of well if located within city?
1 1/4 mile South 5/4 East of Delevan

2 WATER WELL OWNER: Clyde Wayland
 RR#, St. Address, Box #: Rt 1
 City, State, ZIP Code: Delevan, KS
 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: 85 ft. ELEVATION: 46 ft.
 Depth(s) Groundwater Encountered 1. 46 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 3.9 ft. below land surface measured on mo/day/yr Sep 12 90
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 25+ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 8 in. to 2.5 ft., and 6 1/2 in. to 8.5 ft.
 WELL WATER TO BE USED AS:
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Lawn and garden only Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No 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 Clamped _____
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter 5 in. to 4.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 16 in., weight _____ lbs./ft. Wall thickness or gauge No. SDR-26
 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 45 ft. to 85 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From NONE ft. to _____ ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 3 ft. to 2.5 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? West How many feet? 150

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil Blk			
2	10	Clay Brn			
10	24	LIME - Lite			
24	33	Shale TAN			
33	37	LIME Gray			
37	45	Shale Lite Gray			
45	47	LIME Lite Gray			
47	52	Shale Gray			
52	66	Red Rock			
66	80.5	LIME Gray			
	85				

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) Sep 12 90 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) Oct 28 90 under the business name of ZINN Water Well Drlg 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 up 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.

OFFICE USE ONLY
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SEC
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