

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Morris</u>		<u>NE 1/4 NE 1/4 NE 1/4</u>		<u>29</u>		<u>T 16 S</u>		<u>R 7 E</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>107 Lyndon in Wilsey</u>									
2 WATER WELL OWNER: <u>Eleanor Phillips</u>									
RR#, St. Address, Box #: <u>107 Lyndon</u>									
City, State, ZIP Code: <u>Wilsey, Ks. 66873</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>80</u> ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1. <u>59</u> ft. 2. _____ ft. 3. _____ ft.							
		WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr <u>Feb 16 2000</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>7.5</u> in. to <u>30</u> ft., and <u>6.5</u> in. to <u>80</u> ft.							
		WELL WATER TO BE USED AS:							
		1 Domestic		3 Feedlot		6 Oil field water supply		9 Dewatering	
		2 Irrigation		4 Industrial		7 Lawn and garden only		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:									
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)		Welded _____	
<u>2 PVC</u>		4 ABS		7 Fiberglass				Threaded _____	
Blank casing diameter <u>5</u> in. to <u>50</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SPR-26</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel		3 Stainless steel		5 Fiberglass		8 RMP (SR)		11 Other (specify) _____	
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS		12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot		3 Mill slot		5 Gauzed wrapped		<u>Saw cut</u>		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>50</u> ft. to <u>80</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ 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.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
6 GROUT MATERIAL:									
1 Neat cement		2 Cement grout		3 Bentonite		4 Other _____			
Grout Intervals: From <u>3</u> ft. to <u>30</u> 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	
<u>3 Watertight sewer lines</u>		6 Seepage pit		9 Feedyard		12 Fertilizer storage		16 Other (specify below)	
Direction from well? <u>South</u>						How many feet? <u>40</u>			
FROM		TO		LITHOLOGIC LOG		FROM		TO	
0		4		Top Soil					
4		7		Shale TAN to Red					
7		14		LIME Yel					
14		20		Shale Yel					
20		29		LIME Yel					
29		37		Shale Gray					
37		46		LIME Lite Gray					
46		50		Shale TAN					
50		59		LIME TAN					
59		60		Frac LIME					
60		73		LIME TAN & Flint					
73		80		Shale Red & Green					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>Feb 16 2000</u> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <u>210</u> This Water Well Record was completed on (mo/day/yr) <u>Feb 17 2000</u>									
under the business name of <u>Zinn Water Well Dring</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5548. Send one to WATER WELL OWNER and retain one for your records.									

OFFICE USE ONLY

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