

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>NW 1/4 SW 1/4 NW 1/4</u>	<u>21</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>3/4 mile North of Wilsey</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #:		Application Number:			
City, State, ZIP Code:		<u>Wilsey, KS 66873</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>110</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>41</u> ft. 2. <u>110</u> ft. 3. <u>110</u> ft.			
		WELL'S STATIC WATER LEVEL <u>27</u> ft. below land surface measured on mo/day/yr <u>Feb 11 91</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>2.5</u> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8 5/8</u> in. to <u>25</u> ft. and <u>7</u> in. to <u>110</u> ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)			
		<input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well			
		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:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____			
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> Welded _____					
<input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 7 Fiberglass    _____ <input type="checkbox"/> Threaded _____					
Blank casing diameter <u>5</u> in. to _____ 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 26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement			
<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 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-PERFORATED INTERVALS:		From <u>30</u> ft. to <u>110</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="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____			
Grout intervals: From <u>3</u> ft. to <u>25</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		<input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well			
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well					
<input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below)					
<input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 13 Insecticide storage <u>RAVINE</u>					
Direction from well? <u>South</u>		How many feet? <u>75</u>			
FROM TO LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS			
0	2	Topsoil		91	95
2	6	Clay Brn		95	101
6	17	LIME Tanish Yel		101	102
17	22	Shale Gray		102	107
22	41	LIME Some Flint		107	108
41	42	Frac-		108	110
42	53	LIME Lite TAN lots of Flint			
53	57	Shale Gray			
57	58	LIME Lite			
58	64	Shale - Green			
64	71	Red Rock			
71	75	LIME Lite			
75	77	Shale Lite Gray			
77	79	LIME Lite			
79	91	Shale Blue			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>Feb 11 - 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>Feb 12 - 91</u> under the business name of <u>Zinn Water Well Dnlg</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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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