

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: MORRIS		$\frac{1}{4}$ NW $\frac{1}{4}$ NE	29	T 16 S	R 7 EW
Distance and direction from nearest town or city street address of well if located within city? NO ST. ADDRESS LOT ALL BLK 2					
2 WATER WELL OWNER: DALE MELVIN					
RR#, St. Address, Box # :			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : WILSEY 66873			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 66 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. 18 ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL 88 inches below land surface measured on mo/day/yr			
		Pump test data: Well water was ft. after hours pumping gpm			
		Est. Yield 10 gpm: Well water was ft. after hours pumping gpm			
		Bore Hole Diameter 8 in. to 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"/> Observation well <input type="checkbox"/> Other (Specify below)			
		Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> L If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<input checked="" type="checkbox"/> PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
				8 Concrete tile	
				9 Other (specify below)	
				CASING JOINTS <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped	
				<input type="checkbox"/> Welded <input type="checkbox"/> Threaded	
Blank casing diameter 5 in. to 15 ft., Dia 25 in. to 55 ft., Dia in. to ft.					
Casing height above land surface 18 in., weight lbs./ft. Wall thickness or gauge No. 160					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify)	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify)	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From 15 ft. to 25 ft., From 55 ft. to 66 ft.					
GRAVEL PACK INTERVALS: From 15 ft. to 25 ft., From ft. to ft.					
6 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other					
Grout Intervals: From 0 ft. to 10 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well? How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	100	DIRT & CLAY			
10	30	20 YELLOW ROCK			
30	40	10 BLUE SHALE			
40	66	26 LIME ROCK GRAY			
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) 5-12-84 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 156 This Water Well Record was completed on (mo/day/yr) 6-6-84 under the business name of L.H. KRAUSE SHOP by (signature) <i>L.H. Krause</i>					
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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

T

R

7 BW

SEC.

29

NW 1/4 NE 1/4

1/4