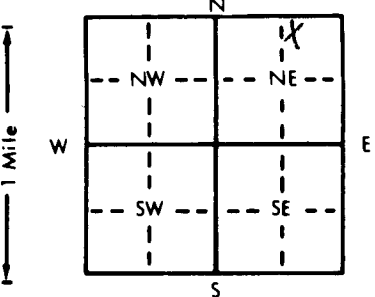


1 LOCATION OF WATER WELL: County: Morris Co Fraction: NW 1/4 NE 1/4 Section Number: 7 Township, Number: T 16 S Range Number: R 8 EW

Distance and direction from nearest town or city street address of well if located within city?  
N-1 - W 3/4 Council Grove Lake Lot B 41

2 WATER WELL OWNER: JoAnn Stiver  
 RR#, St. Address, Box #: RR 1 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Council Grove KS 66846 Application Number: NA

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 150 ft. ELEVATION: .....  
 Depth(s) Groundwater Encountered 1. 45-46 ft. 2. 134 ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL 46 ft. below land surface measured on mo/day/yr 9-1-83

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield 8-10 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter: 10 in. to 20 ft., and 8 in. to 150 ft.  
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation 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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued  Clamped .....  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 PVC 4 ABS 7 Fiberglass Threaded .....

Blank casing diameter 6 in. to 150 ft., Dia ..... in. to ..... 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:  PVC 10 Asbestos-cement  
 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: 5 Gauzed wrapped  Saw cut 11 None (open hole)  
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....

SCREEN-PERFORATED INTERVALS: From 40 ft. to 60 ft., From 120 ft. to 150 ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From ..... 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 14 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well  
 1 Septic tank  Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage  
 Direction from well? SW How many feet? 51

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	CL w - Hill Gravel Flint.	105	109	20LS Gray.
3	22	20LS Gray w chert	109	114	19Sh Gray.
22	24	19Sh ye flow	114	127	21Sh w Lime Shells + Modules.
24	27	20LS Brown.	127	144	20w cattered Lime H <sub>2</sub> O 8Gpm
27	45	19Sh Verigated.	144	150	24Sh Gray w sand
45	46	20LS Gray H <sub>2</sub> O 1Gpm			156TD
46	48	Sh Brown.			
48	60	19Sh Gray.			
60	64	20LS Gray			
64	81	Sh Calc Gray.			
81	93	Sh Brn			
93	95	19Sh Gray.			
95	103	20LS Gray.			
103	105	19Sh Gray Platey.			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 8-30-83 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 203 This Water Well Record was completed on (mo/day/yr) 9-2-83 under the business name of McNee Drilling + Metals by (signature) JCMS

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  
SEC. 2  
NW 1/4  
NE 1/4  
SE 1/4

DP