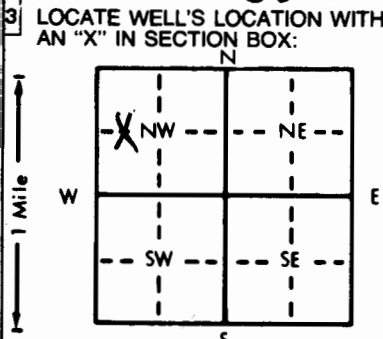


1 LOCATION OF WATER WELL: County: **MORRIS** Fraction: **NC 1/4 W 2 1/4 NW 1/4** Section Number: **8** Township Number: **T 16 S** Range Number: **R 8** **(EW)**

Distance and direction from nearest town or city street address of well if located within city? **SOUTH END OF DAM HS4 CITY LAKE**

2 WATER WELL OWNER: **BOB BURR**
 RR#, St. Address, Box #: **4TH & MARKET**
 City, State, ZIP Code: **COUNCIL GROVE KS 66846**
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL: **150** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered: **1.50-60 VERY SLOW** ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **50** ft. below land surface measured on mo/day/yr _____
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **VERY LITTLE** 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:
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 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 _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter: **5** in. to **50** ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 Casing height above land surface: **12** in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 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 **50** ft. to **70** ft., From **130** ft. to **150** ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From **4** ft. to **20** 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)
 Direction from well? _____ How many feet? **NEW PLACE**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	DIRT	140	145	SHALE BLUE
5	20	TREED	145	150	LIME GRAY
20	35	SHALE BLUE			
35	40	ROCK GRAY			
40	59	SHALE BLUE			
59	62	LIME GRAY			
62	70	SHALE TREED			
70	85	LIME GRAY			
85	95	SHALE BLUE			
95	110	LIME GRAY			
110	125	SHALE BLUE			
125	130	SHALE TREED			
130	135	SHALE BLUE			
135	140	LIME GRAY			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **JUNE 9-89** 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) **JUNE 14-1989** under the business name of **L.H. MRAUSE SHOP** by (signature) **L.H. Mrause**

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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.