

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>SW 1/4 NW 1/4 NW 1/4</u>	<u>20</u>	<u>T 16 S</u>	<u>R 8 E</u>
Distance and direction from nearest town or city? <u>2 1/2 west 1/4 S 56 NW</u>			Street address of well if located within city? <u>Council Grove.</u>		

2 WATER WELL OWNER: <u>Ernest Sigle</u>		Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>RR-4 Bx 69B</u>		Application Number:
City, State, ZIP Code: <u>Emporia KS 66801</u>		

3 DEPTH OF COMPLETED WELL: <u>99</u> ft. Bore Hole Diameter: <u>10</u> in. to <u>13</u> ft. and <u>8</u> in. to <u>99</u> ft.	
Well Water to be used as:	
<input checked="" type="radio"/> Domestic <input type="radio"/> Irrigation <input type="radio"/> Feedlot <input type="radio"/> Industrial	<input type="radio"/> Public water supply <input type="radio"/> Oil field water supply <input type="radio"/> Lawn and garden only <input type="radio"/> Observation well
Well's static water level: <u>30</u> ft. below land surface measured on <u>12X</u> month <u>9</u> day <u>79</u> year	
Pump Test Data	Well water was _____ ft. after _____ hours pumping. gpm
Est. Yield <u>5-6</u> gpm	Well water was _____ ft. after _____ hours pumping. gpm

4 TYPE OF BLANK CASING USED:		Casing Joints: <input checked="" type="checkbox"/> Glued <input checked="" type="checkbox"/> Clamped
<input type="radio"/> Steel <input checked="" type="radio"/> PVC <input type="radio"/> RMP (SR) <input type="radio"/> ABS	<input type="radio"/> Asbestos-Cement <input type="radio"/> Fiberglass <input type="radio"/> Other (specify below)	<input type="radio"/> Welded <input type="radio"/> Threaded
Blank casing dia: <u>6</u> in. to <u>30</u> ft. Dia: <u>1 1/8</u> in. to _____ ft. Dia: _____ in. to _____ ft.		
Casing height above land surface: _____ in., weight _____ lbs./ft. Wall thickness or gauge No: <u>3/8</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL:		
<input type="radio"/> Steel <input type="radio"/> Brass <input type="radio"/> Stainless steel <input type="radio"/> Galvanized steel	<input type="radio"/> Fiberglass <input type="radio"/> Concrete tile <input type="radio"/> Gauzed wrapped <input type="radio"/> Wire wrapped <input type="radio"/> Torch cut	<input checked="" type="radio"/> PVC <input type="radio"/> RMP (SR) <input type="radio"/> ABS <input type="radio"/> Asbestos-cement <input type="radio"/> Other (specify) <input type="radio"/> None used (open hole)
Screen or Perforation Openings Are:		
<input type="radio"/> Continuous slot <input type="radio"/> Louvered shutter <input type="radio"/> Mill slot <input type="radio"/> Key punched	<input type="radio"/> Saw cut <input checked="" type="radio"/> Drilled holes <input type="radio"/> None (open hole)	
Screen-Perforation Dia: <u>6</u> in. to <u>95</u> ft. Dia: _____ in. to _____ ft. Dia: _____ in. to _____ ft.		
Screen-Perforated Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		
Gravel Pack Intervals: From <u>99</u> ft. to <u>27</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		

5 GROUT MATERIAL: <input checked="" type="radio"/> Neat cement <input type="radio"/> Cement grout <input type="radio"/> Bentonite <input type="radio"/> Other	
Grouted Intervals: From <u>27</u> ft. to <u>0</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:	
<input type="radio"/> Septic tank <input type="radio"/> Sewer lines <input type="radio"/> Lateral lines <input type="radio"/> Cess pool <input type="radio"/> Seepage pit <input type="radio"/> Pit privy	<input type="radio"/> Sewage lagoon <input type="radio"/> Feed yard <input type="radio"/> Livestock pens <input type="radio"/> Fuel storage <input type="radio"/> Fertilizer storage <input type="radio"/> Insecticide storage <input type="radio"/> Watertight sewer lines <input type="radio"/> Abandoned water well <input type="radio"/> Oil well/Gas well <input type="radio"/> Other (specify below)
Direction from well: <u>Nothing Close</u> How many feet: _____ ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted: _____ month _____ day _____ year: Pump Installed? Yes _____ No <input checked="" type="checkbox"/>	
If Yes: Pump Manufacturer's name: _____ Model No.: _____ HP: _____ Volts: _____	
Depth of Pump Intake: _____ ft. Pumps Capacity rated at: _____ gal./min.	
Type of pump: <input type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Jet <input type="radio"/> Centrifugal <input type="radio"/> Reciprocating <input type="radio"/> Other	

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, <input type="radio"/> reconstructed, or <input type="radio"/> plugged under my jurisdiction and was completed on _____ month _____ day _____ year.	
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>203</u>	
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>M. Nee Drilling</u> by (signature) <u>[Signature]</u>	

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	5	C.L. Bnq.	84	89	Dense Lime Gray
	5	10	Sh Lt Gray w Gravel	89	91	Very Dense lime Gray
	10	11	Dense Lime Lite	91	99	Sh Venigated Red To Gray
	11	18	Sh w Lens Gray			
	18	25	Sh Silt Stone Lens			
	25	39	Sh Red & Green			
	39	40	Dense Lime			
	40	58	Gray BrkH Lime H2O			
	58	71	Sh w Calc Lens Gray			
	71	84	Lt Gray Soft Lime			

ELEVATION: _____

h(s) Groundwater Encountered 1.40 ft. 2.58 ft. 3. _____ ft. 4. _____ ft.

(Use a second sheet if needed)

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 to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and one for your records.