

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>MORRIS</u>		<u>NE 1/4 NE 1/4 NW 1/4</u>	<u>21</u>	T <u>16</u> S	R <u>8</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>WEST ON HIGHWAY 56</u>					
2 WATER WELL OWNER: <u>VFW Veterans of Foreign Wars</u>		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #:		Application Number:			
City, State, ZIP Code <u>COUNCIL GROVE 66846</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>103</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered <u>40</u> ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>30</u> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>1</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8</u> in. to _____ ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input type="checkbox"/> Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>L</u> ; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <u>L</u> No			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <u>L</u> Clamped _____			
<input type="checkbox"/> Steel 3 RMP (SR) <input checked="" type="checkbox"/> PVC 4 ABS		<input type="checkbox"/> Wrought iron 8 Concrete tile Welded _____ <input type="checkbox"/> Asbestos-Cement 9 Other (specify below) Threaded _____			
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> PVC 10 Asbestos-cement <input type="checkbox"/> Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ <input type="checkbox"/> Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		<input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut 11 None (open hole) <input type="checkbox"/> 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes <input type="checkbox"/> 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		<input type="checkbox"/> 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ <input type="checkbox"/> 13 Insecticide storage			
Direction from well?		How many feet? <u>100' NORTH BUILDING</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>7</u>	<u>9</u>	<u>BLACK DIRT</u>			
<u>9</u>	<u>10</u>	<u>SHALE RED</u>			
<u>10</u>	<u>20</u>	<u>ROCK YELLOW</u>			
<u>20</u>	<u>25</u>	<u>SHALE BLUE</u>			
<u>25</u>	<u>30</u>	<u>LIME GRAY</u>			
<u>30</u>	<u>40</u>	<u>LIME WHITE</u>			
<u>40</u>	<u>45</u>	<u>SHALE RED</u>			
<u>45</u>	<u>50</u>	<u>SHALE BLUE</u>			
<u>50</u>	<u>60</u>	<u>ROCK YELLOW</u>			
<u>60</u>	<u>65</u>	<u>SHALE BLUE</u>			
<u>65</u>	<u>72</u>	<u>LIME GRAY</u>			
<u>72</u>	<u>80</u>	<u>SHALE BLUE</u>			
<u>80</u>	<u>85</u>	<u>SHALE BLUE</u>			
<u>85</u>	<u>90</u>	<u>LIME GRAY</u>			
<u>90</u>	<u>100</u>	<u>LIME WHITE</u>			
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) <u>JULY 17 1989</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>156</u> This Water Well Record was completed on (mo/day/yr) <u>Aug 10 1989</u>					
under the business name of <u>L H KRAUSE SHOP</u> by (signature) <u>L H Krause</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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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