

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>NE 1/4 SW 1/4 NE 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>2 miles west of Council Grove, Kansas</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #:		Application Number:			
City, State, ZIP Code:		<u>Council Grove, Kansas 66846</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>113</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>31</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>31</u> ft. below land surface measured on mo/day/yr <u>July 12, 1990</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter: <u>8</u> in. to <u>113</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)			
		<input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____			
5 TYPE OF BLANK CASING USED:					
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____					
<input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) Welded _____					
<input type="checkbox"/> 7 Fiberglass _____ Threaded _____					
Blank casing diameter <u>5.56</u> in. to _____ ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.					
Casing height above land surface <u>12</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement					
<input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) _____					
<input type="checkbox"/> 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole)					
<input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes					
<input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>31</u> ft. to <u>110</u> ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>113</u> ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
<input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____					
Grout Intervals: From <u>20</u> ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input checked="" type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well					
<input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well					
<input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) _____					
<input type="checkbox"/> 13 Insecticide storage					
Direction from well? <u>North</u> How many feet? <u>700'</u>					
FROM		TO		LITHOLOGIC LOG	
FROM		TO		PLUGGING INTERVALS	
<u>0</u>	<u>5</u>	<u>soil</u>			
<u>5</u>	<u>15</u>	<u>Red Clay</u>			
<u>15</u>	<u>25</u>	<u>Flint Rock</u>			
<u>25</u>	<u>35</u>	<u>White limestone</u>			
<u>35</u>	<u>40</u>	<u>GRAY SHALE</u>			
<u>40</u>	<u>50</u>	<u>BLUE SHALE</u>			
<u>50</u>	<u>70</u>	<u>GRAY SHALE</u>			
<u>70</u>	<u>80</u>	<u>RED SHALE</u>			
<u>80</u>	<u>85</u>	<u>GRAY SHALE</u>			
<u>85</u>	<u>95</u>	<u>BLUE SHALE</u>			
<u>95</u>	<u>113</u>	<u>GRAY SHALE</u>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>JULY 13, 1990</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>513</u> This Water Well Record was completed on (mo/day/yr) <u>JULY 30, 1990</u> under the business name of <u>H2O Drilling Service</u> by (signature) <u>Ray L. Schraide</u>					