

1 LOCATION OF WATER WELL:	Fraction <u>NE 1/4</u>	Section Number <u>23</u>	Township Number <u>T 16 S</u>	Range Number <u>R 8 E</u>
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County: MORRIS

Distance and direction from nearest town or city street address of well if located within city:

1/2 SOUTH OF TOWN

2 WATER WELL OWNER: <u>Earnest Sigel</u>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>R1</u>	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>100</u> ft. ELEVATION:
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Depth(s) Groundwater Encountered 1.30 ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL 35 ft. below land surface measured on mo/day/yr

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield 1 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:

<input checked="" type="radio"/> Domestic	<input type="radio"/> 3 Feedlot	<input type="radio"/> 6 Oil field water supply	<input type="radio"/> 9 Dewatering	<input type="radio"/> 12 Other (Specify below)
<input type="radio"/> 2 Irrigation	<input type="radio"/> 4 Industrial	<input type="radio"/> 7 Lawn and garden only	<input type="radio"/> 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:	3 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped
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1 Steel

☒ 2 PVC

Blank casing diameter 5 in. to 20 ft., Dia. in. to ft., Dia. in. to ft.

Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No.

3 RMP (SR)

4 ABS

5 Fiberglass

6 Asbestos-Cement

7 Fiberglass

8 RMP (SR)

9 ABS

10 Asbestos-cement

11 Other (specify)

12 None used (open hole)

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify)
SCREEN OR PERFORATION OPENINGS ARE:			5 Gauzed wrapped	<input checked="" type="radio"/> 8 Saw cut
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From 20 ft. to 100 ft., From ft. to 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:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other
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Grout Intervals: From 0 ft. to 20 ft., From ft. to 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)
			13 Insecticide storage	<u>Pasture</u>

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	BLACK DIRT			
2	4	MIXED ROCK			
4	15	SHALE YELLOW			
15	20	LIME WHITE			
30	40	SHALE BLUE			
40	45	SHALE RED			
45	50	SHALE GRAY			
50	85	SHALE BLUE			
85	90	LIME GRAY			
90	100	SHALE BLUE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>OCT 12</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>OCT 20-87</u> under the business name of <u>L H H RAUSE SHOR</u> by (signature) <u>L H H RAUSE</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: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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