

1 LOCATION OF WATER WELL: County: MDARRIS Fraction: NE 1/4 of NW 1/4 of Sec 4 Section Number: 23 Township Number: T 16 S Range Number: R 8 E 17

Distance and direction from nearest town or city street address of well if located within city? SOUTH OF TOWN

2 WATER WELL OWNER: EARNIST SIEGEL RR#, St. Address, Box #: COUNCIL GROVE, MO 66846 City, State, ZIP Code: 66846 Board of Agriculture, Division of Water Resources Application Number: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N			
---	NW	---	NE
			X
---	SW	---	SE
W			E
			S

4 DEPTH OF COMPLETED WELL: 100 ft. ELEVATION: _____

Depth(s) Groundwater Encountered: 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: 25 ft. below land surface measured on mo/day/yr _____

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

Est. Yield: 1 1/2 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:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	9 Dewatering
	7 Lawn and garden only	10 Observation well
		12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes _____ No 4 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
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)
		7 Fiberglass	

CASING JOINTS: Glued 4 Clamped _____

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

Casing height above land surface: 15 in., weight _____ lbs./ft. Wall thickness or gauge No. 160

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
			10 Asbestos-cement
			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
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes
		7 Torch cut	10 Other (specify)
			11 None (open hole)

SCREEN-PERFORATED INTERVALS: 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.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From _____ ft. to 12 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>NONE</u>

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	DIRT BLACK			
5	22	YELLOW ROCK			
22	33	SHALE BLUE			
33	35	SHALE RED			
35	45	LIME GRAY			
45	53	SHALE BLUE			
53	60	LIME ROCK WHITE			
60	65	SHALE BLUE			
65	75	LIME GRAY			
75	100	SHALE BLUE			

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) Sept 14, 87 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) OCT 5-87 under the business name of L.H.H. RAUSE SHOP by (signature) L.H.H. Rause

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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SEC.

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