

1 LOCATION OF WATER WELL: County: MORRIS	Fraction SW 1/4 SW 1/4 NE 1/4	Section Number 23	Township Number T 16 S	Range Number R 8 E
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Distance and direction from nearest town or city street address of well if located within city?

ABOUT 1 1/2 MILES SOUTH OF COUNCIL GROVE2 WATER WELL OWNER: **ERNEST SIGEL**

RR#, St. Address, Box # :

Board of Agriculture, Division of Water Resources

City, State, ZIP Code :

Application Number:

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

4 DEPTH OF COMPLETED WELL: **125** ft. ELEVATION:Depth(s) Groundwater Encountered **VERY SLOW** ft. 2. ft. 3. ft.WELL'S STATIC WATER LEVEL **15** ft. below land surface measured on mo/day/yr

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

Est. **VERY LITTLE** gpm: Well water was ft. after hours pumping gpmBore 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

☒ Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well

Was a chemical/bacteriological sample submitted to Department? Yes ☒ No ☒ If yes, mo/day/yr sample was submittedWater Well Disinfected? Yes ☒ No

5 TYPE OF BLANK CASING USED:

5 Wrought iron

8 Concrete tile

CASING JOINTS: Glued ☒ Clamped

1 Steel

3 RMP (SR)

6 Asbestos-Cement

9 Other (specify below)

Welded

☒ PVC

4 ABS

7 Fiberglass

Threaded

Blank casing diameter **5** in. to **15** ft., Dia. **35** in. to **125** ft.Casing height above land surface **14** in., weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel

3 Stainless steel

5 Fiberglass

☒ PVC

10 Asbestos-cement

2 Brass

4 Galvanized steel

6 Concrete tile

8 RMP (SR)

11 Other (specify)

9 ABS

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot

3 Mill slot

5 Gauzed wrapped

☒ Saw cut

11 None (open hole)

2 Louvered shutter

4 Key punched

6 Wire wrapped

9 Drilled holes

2 Louvered shutter

4 Key punched

7 Torch cut

10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **15** ft. to **35** 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:

☒ Neat cement☒ Cement grout

3 Bentonite

4 Other

Grout intervals: From **0** ft. to **15** 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

PASTURE

Direction from well?

How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	DIRT BLACK	118	125	SHALE BLUE
3	8	ROCK			
8	20	SHALE BLUE			
20	25	LIME GRAY			
25	37	SHALE BLACK			
37	47	LIME ROCK GRAY			
47	66	SHALE RED			
66	70	SHALE BLUE			
70	73	LIME			
73	75	LIME GRAY			
75	85	SHALE BLUE			
85	90	SHALE BLUE			
90	95	LIME GRAY			
95	100	LIME WHITE			
100	118	LIME GRAY			

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) **APRIL 20** and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. **156** This Water Well Record was completed on (mo/day/yr) **MAY 11-89**under the business name of **L.H. KRAUSE SHOP** by (signature) *L.H. Krause*

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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