

1 LOCATION OF WATER WELL
 County: Morris Fraction: SE 1/4 NE 1/4 NE 1/4 Section Number: 17 Township Number: T 17 S Range Number: R 5 E/W

Distance and direction from nearest town or city? 2 mile West 3/4 North of Burdick Street address of well if located within city?

2 WATER WELL OWNER: Darrel Swinney
 RR#, St. Address, Box #: RR1 Burdick Ks Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Application Number:

3 DEPTH OF COMPLETED WELL: 165 ft. Bore Hole Diameter: 8 in. to 163 ft. and 64 in. to 165 ft.
 Well Water to be used as:
 Domestic Feedlot Oil field water supply Air conditioning Injection well
 Irrigation Industrial Lawn and garden only Dewatering Other (Specify below)
 Observation well
 Well's static water level: 140 ft. below land surface measured on 11 month 11 day 80 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 25 Plus gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Casing Joints: Glued Clamped _____
 2 PVC 4 ABS 7 Fiberglass _____ Welded _____
 5 Wrought iron _____ Threaded _____
 Casing height above land surface: 18 in., weight _____ lbs./ft. Wall thickness or gauge No. 214

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia: 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 140 ft. to 165 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 13 ft. to 165 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From 3 ft. to 13 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 13 Watertight sewer lines
 Direction from well: N.W. How many feet: 100? Water Well Disinfected? Yes No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample was submitted _____ month _____ day _____ year: Pump installed? Yes _____ No
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year 11 month 11 day 1980 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 210
 This Water Well Record was completed on _____ month _____ day _____ year 20 month _____ day _____ year 81 year under the business name of Zinn Water Well Dring by (signature) Joseph A. Zinn

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
	0	6	6	22	Topsoil	Blk						
	22	37	37	75	Shale with Lime shells	Yel						
	37	75	75	81	Red Rock							
	75	81	81	95	Shale with Lime shells	Yel						
	81	95	95	100	Red Rock							
	100	153	153	160	Shale with Lime shells	Yel						
	153	160	160	162	Broken Lime	Yel						
	160	162	162	165	Lime - Solid	Yel						
	162	165	165		Shale	Yel						
	ELEVATION:											

Depth(s) Groundwater Encountered 1. 153 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T 17
R 5
E/W