

LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>NW</u> $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$	<u>29</u>	T <u>17</u> S	R <u>7</u> E
Distance and direction from nearest town or city street address of well if located within city?					
<u>IN TOWN 102 MAIN</u>					
WATER WELL OWNER:			Board of Agriculture, Division of Water Resources		
R#, St. Address, Box # :			Application Number:		
City, State, ZIP Code :					
<u>Wilsey Fire Dept</u>					
<u>101 N Gilmore c/o Charlie ILK</u>					
<u>Wilsey, Ks 66873</u>					
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		DEPTH OF COMPLETED WELL..... <u>110</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL ..... <u>30</u> ft. below land surface measured on mo/day/yr <u>JUN 6-01</u>			
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Est. Yield <u>30</u> gpm Well water was ..... ft. after ..... hours pumping ..... gpm			
Bore Hole Diameter. <u>8 5/8</u> in. to <u>23</u> ft., and <u>6</u> in. to <u>110</u> ft.					
WELL WATER TO BE USED AS:		5 Public water supply    8 Air conditioning    11 Injection well <input checked="" type="radio"/> Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) 2 Irrigation    4 Industrial    7 Lawn and garden only    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 <input checked="" type="checkbox"/> Yes    No			
TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped .....			
1 Steel    3 RMP (SR)		Welded .....			
<input checked="" type="radio"/> 2 PVC    4 ABS		Threaded .....			
Blank casing diameter ..... <u>5</u> in. to <u>23</u> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.					
Casing height above land surface ..... <u>18</u> in., weight ..... lbs./ft. Wall thickness or gauge No. <u>SDR-26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC    10 Asbestos-cement			
1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)    11 Other (specify) .....					
2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS    12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped <input checked="" type="radio"/> 8 Saw cut    11 None (open hole)			
1 Continuous slot    3 Mill slot    6 Wire wrapped    9 Drilled holes					
2 Louvered shutter    4 Key punched    7 Torch cut    10 Other (specify) .....					
SCREEN-PERFORATED INTERVALS: From ..... <u>30</u> ft. to ..... <u>110</u> ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From ..... <u>NONE</u> ft. to ..... ft., From ..... ft. to ..... ft.					
GROUT MATERIAL: <u>3</u> 1 Neat cement    2 Cement grout    3 Bentonite    4 Other					
Grout Intervals: From ..... <u>23</u> ft. to ..... ft., From ..... ft. to ..... ft.					
What is the nearest source of possible contamination:		10 Livestock pens    14 Abandoned water well			
1 Septic tank    4 Lateral lines    7 Pit privy    11 Fuel storage    15 Oil well/Gas well					
2 Sewer lines    5 Cess pool    8 Sewage lagoon    12 Fertilizer storage    16 Other (specify below)					
<input checked="" type="radio"/> 3 Watertight sewer lines    6 Seepage pit    9 Feedyard    13 Insecticide storage					
Direction from well? <u>North</u>		How many feet? <u>80</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		This Well Was re-constructed. Casing was ripped & removed, then Well was reamed - Cased & Grouted			
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) <u>JUN 6-01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>210</u> This Water Well Record was completed on (mo/day/yr) <u>JUN 19-01</u> Under the business name of <u>Zinn Water Well Drllg.</u> by (signature) <u>Joseph A. Zinn</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					