

1 LOCATION OF WATER WELL: County: <u>Morris</u>	Fraction <u>SE 1/4 NE 1/4 SW 1/4</u>	Section Number <u>33</u>	Township Number <u>T 17 S</u>	Range Number <u>R 9 EW</u>
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Distance and direction from nearest town or city street address of well if located within city?

3 mile South & 2 1/2 West of Dunlap [Squared off] Lot 48 Lake Kahola

2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :	<u>Gilbert Dieker</u> <u>222 S Anderson</u> <u>Kechi KS 67067</u>	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>90</u> ft. ELEVATION:
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1 Mile

Depth(s) Groundwater Encountered 1. 23 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 14 ft. below land surface measured on mo/day/yr JUN 25 89

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

Est. Yield 1.5 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 8 in. to 21 ft., and 6 1/2 in. to 90 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	7 Lawn and garden only
		10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X 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 <u>X</u> Clamped _____
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1 Steel

② PVC

Blank casing diameter 5 in. to 22 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 16 in., weight _____ lbs./ft. Wall thickness or gauge No. SPR-26

3 RMP (SR)

4 ABS

7 Fiberglass

TYPE OF SCREEN OR PERFORATION MATERIAL:

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)

Welded _____

Threaded _____

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-PERFORATED INTERVALS: From 22 ft. to 90 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From NONE 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 3 ft. to 21 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>Holding TANK</u>

Direction from well? North Down Grade - South How many feet? 60

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Topsoil	73	90	Shale DK Gray to Black
5	7	Clay Lite Gray			LIME
7	11	LIME TAN			
11	23	Shale Lite Gray to Yel			
23	29	LIME TAN Top Frac			
29	37	Shale Gray			
37	43	LIME Gray			
43	49	Shale Gray			
49	51	Shale Dark			
51	53	LIME Gray			
53	55	Shale Green			
55	61	LIME Gray			
61	62	Shale Gray			
62	73	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) <u>JUN 25 89</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>218</u> This Water Well Record was completed on (mo/day/yr) <u>JUL 18 89</u> under the business name of <u>ZINN Water Well Dnlg</u> by (signature) <u>Joseph A. Zinn</u>
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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: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.

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