

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Chase</u>		<u>SE 1/4 NW 1/4 NE 1/4</u>	<u>4</u>	<u>T 18 S</u>	<u>R 9 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>7 1/2 North & 1 1/2 West of Saffordville</u> <u>Lot 39</u>					
2 WATER WELL OWNER: <u>Len Allison</u>		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #: <u>1613 West Lynn</u>		Application Number:			
City, State, ZIP Code: <u>Wichita, KS 67212</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>50</u> ft. ELEVATION: <u>11</u> ft.			
		Depth(s) Groundwater Encountered: <u>1</u> ft. <u>11</u> ft. <u>3</u> ft.			
		WELL'S STATIC WATER LEVEL: <u>10</u> ft. below land surface measured on mo/day/yr <u>JUN 28 90</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield: <u>3</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter: <u>8 5/8</u> in. to <u>9</u> ft., and <u>6 7/8</u> in. to <u>50</u> ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)			
		<input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> 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			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<input checked="" type="radio"/> PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter: <u>5</u> in. to <u>10</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____			
Casing height above land surface: <u>16</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR-26</u>		Welded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		Threaded _____			
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 RMP (SR)	
				8 ABS	
SCREEN OR PERFORATION OPENINGS ARE:		10 Asbestos-cement			
1 Continuous slot		3 Mill slot		11 Other (specify) _____	
2 Louvered shutter		4 Key punched		12 None used (open hole)	
				13 Saw cut	
				14 None (open hole)	
SCREEN-PERFORATED INTERVALS:		5 Gauzed wrapped			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.		6 Wire wrapped			
		7 Torch cut			
GRAVEL PACK INTERVALS:		10 Other (specify) _____			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
4 Other _____					
Grout intervals: From <u>3</u> ft. to <u>9</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) <u>Holding TANK</u>	
Direction from well? <u>EAST</u>		How many feet? <u>50</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Clay Brn			
4	8	Clay Lite TAN			
8	10	LIME Lite TAN			
10	11	Frag in LIME			
11	23	Shale Gray			
23	28	LIME TAN			
28	33	Shale, Blue Green			
33	35	Coal			
35	43	Shale Gray LIME			
43	50	Shale Gray			
44	50	LIME Gray			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>JUN 28 90</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 1 90</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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

T

R

EW

SEC.

1/4

1/4

1/4