

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>CHASE</u>		<u>NE 1/4 SW 1/4 SE 1/4</u>		<u>9</u>		<u>T 19 S</u>		<u>R 6 E/W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>7 mile west then 2 1/4 mile North of Elm Dale</u> <u>off</u>									
2 WATER WELL OWNER: <u>John O Wilson</u>									
RR#, St. Address, Box #: <u>Rt 1 Box 650</u>									
City, State, ZIP Code: <u>Madison, KS 66860</u>									
Board of Agriculture, Division of Water Resources Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>42</u> ft.		ELEVATION: <u>20</u> ft.					
		Depth(s) Groundwater Encountered 1. <u>13</u> ft. 2. <u>20</u> ft. 3. <u>42</u> ft.							
		WELL'S STATIC WATER LEVEL <u>13</u> ft. below land surface measured on <u>Jul 15 93</u>							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Est. Yield <u>40+</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm							
		Bore Hole Diameter <u>9</u> in. to <u>31</u> in. and <u>6 5/8</u> in. to <u>42</u> in.							
		WELL WATER TO BE USED AS:							
		1 Domestic		3 Feedlot		6 Oil field water supply		9 Dewatering	
		2 Irrigation		4 Industrial		7 Lawn and garden only		10 Monitoring well	
		5 Public water supply		8 Air conditioning		11 Injection well		12 Other (Specify below)	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____									
Water Well Disinfected? <u>Yes</u> No									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass _____ 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>20</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SPR-26</u>									
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) _____									
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 <u>23</u> ft. to <u>42</u> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>22</u> ft. to <u>42</u> ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____									
Grout Intervals: From <u>0</u> ft. to <u>22</u> 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) <u>Middle Creek</u>									
13 Insecticide storage									
Direction from well? <u>South</u> How many feet? <u>1500</u>									
FROM		TO		LITHOLOGIC LOG		FROM		TO	
<u>0</u>		<u>4</u>		<u>Top Soil Bk</u>					
<u>4</u>		<u>8</u>		<u>Clay TAN</u>					
<u>8</u>		<u>20</u>		<u>Clay Ext. Soft TAN</u>					
<u>20</u>		<u>22</u>		<u>SANDY SILT</u>					
<u>22</u>		<u>30</u>		<u>Creek Gravel</u>					
<u>30</u>		<u>35</u>		<u>Shale Blue Green</u>					
<u>35</u>		<u>38</u>		<u>Shale lite Gray</u>					
<u>38</u>		<u>42</u>		<u>LIME Gray hard</u>					
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>Jul 15 93</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 22 93</u> under the business name of <u>Zinn Water Well Dring</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.									