

1 LOCATION OF WATER WELL
 County: Neosho Fraction SW 1/4 SW 1/4 SE 1/4 Section Number 30 Township Number T 27 S Range Number R 18 E
 Distance and direction from nearest town or city? 4 MI west 21st + Plumer Chanute KS Street address of well if located within city? NA

2 WATER WELL OWNER: John Zimmerman
 RR#, St. Address, Box #: R1 Chanute, KS 66720 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Chanute, KS 66720 Application Number:

3 DEPTH OF COMPLETED WELL: 110 ft. Bore Hole Diameter: 2 1/2 in. to 22 ft., and 6 in. to 110 ft.
 Well Water to be used as:
 Domestic Feedlot Public water supply Air conditioning Injection well
 Irrigation Industrial Oil field water supply Dewatering Other (Specify below)
 Lawn and garden only Observation well
 Well's static water level: 15 ft. below land surface measured on 7 month 13 day 1979 year
 Pump Test Data: Well water was 100 ft. after 1/2 hours pumping 8-3 gpm
 Est. Yield 8.3 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought iron Concrete tile Casing Joints: Glued _____ Clamped _____
 PVC ABS Asbestos-Cement Other (specify below) Welded _____
 Fiberglass Threaded _____
 Blank casing dia: 8 in. to 22 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 28.5 lbs./ft. Wall thickness or gauge No. 0.25

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless steel Fiberglass RMP (SR) Asbestos-cement
 Brass Galvanized steel Concrete tile ABS None used (open hole)
 Screen or Perforation Openings Are:
 Continuous slot Mill slot Gauzed wrapped None (open hole)
 Louvered shutter Key punched Wire wrapped Drilled holes
 Torch cut Other (specify) None (open hole)
 Screen-Perforation Dia: _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grouted Intervals: From 3 ft. to 22 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Cess pool Sewage lagoon Fuel storage Abandoned water well
 Sewer lines Seepage pit Feed yard Fertilizer storage Oil well/Gas well
 Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Watertight sewer lines
 Direction from well: NE How many feet: 75 ? 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: Submersible Turbine Jet Centrifugal Reciprocating Other _____

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on 7 month 13 day 1979 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 383
 This Water Well Record was completed on 7 month 14 day 1979 year under the business name of Vernon Hankin Drilling by (signature) Vernon R. Hankin

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM			TO			LITHOLOGIC LOG		
	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	2	Earth						
	2	14	clay						
	14	19	Gravelly clay - C						
	19	28	Shale						
	28	36	sandy shale						
	36	41	lime						
	41	68	shale						
	68	88	sandy shale						
	88	110	shale						

Shale, Pump & Concrete Slab Tube Installed by customer. He owns The Regulation
John Zimmerman

ELEVATION:
 Depth(s) Groundwater Encountered 1. 85 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
27 R 18 EW SEC 30 1/4 50 1/4 58