

MW7

1 LOCATION OF WATER WELL: County: RUSSELL	Fraction: NW 1/4 SW 1/4 NW 1/4	Section Number: 32	Township Number: T 13 S	Range Number: R 15 E
---	---------------------------------------	---------------------------	--------------------------------	-----------------------------

Distance and direction from nearest town or city street address of well if located within city?
99 MARKET AND E. HWY 40, GORHAM, KS

2 WATER WELL OWNER: WEIGEL OIL CO. RR#, St. Address, Box #: PO BOX 136 City, State, ZIP Code: GORHAM, KS 67640	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: 20 ft. ELEVATION: 1908.61
--	--

Depth(s) Groundwater Encountered: **1. 14.5** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: **8.15** ft. below land surface measured on mo/day/yr **04/06/98**

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

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

Bore Hole Diameter: **8.5** in. to **20** in. to _____ in. to _____ ft.

WELL WATER TO BE USED AS:

1 Domestic	3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well
2 Irrigation	4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
		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 **X** _____

5 TYPE OF BLANK CASING USED:	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
1 Steel	4 ABS	7 Fiberglass		Threaded
Blank casing diameter: 2 in. to 10 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				
Casing height above land surface: -3.00 in., weight 2.073 lbs./ft. Wall thickness or gauge No. 0.13				
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	2 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
3 Torched		7 Torch cut	10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From 10 ft. to 20 ft., From _____ ft. to _____ ft.				
GRAVEL PACK INTERVALS: From 8 ft. to 20 ft., From _____ ft. to _____ ft.				

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals: From 1 ft. to 8 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	11 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Sewage pit	9 Feedyard	13 Insecticide storage	16 Other (specify below)
Direction from well? NE	How many feet? 140			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	11	SILTY CLAY			
11	20	SILTY SANDY CLAY			

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) 4-1-98 DRL and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 594 DRL This Water Well Record was completed on (mo/day/yr) _____ under the business name of Coraacoline DRL by (signature)

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.

OFFICE USE ONLY

T

R

EW

SEC.

1/4

1/4

1/4