

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number	
County: <u>Morton</u>		<u>SE</u> 1/4 1/4 1/4	<u>17</u>		T <u>35</u> S		R <u>42</u> E/W	
Distance and direction from nearest town or city street address of well if located within city?								
<u>Well # 7 - Blk I Coronado Heights</u>								
2 WATER WELL OWNER:		City of Elkport KS,						
RR#, St. Address, Box #								
City, State, ZIP Code		<u>67950</u>						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL... <u>269'</u> ft. ELEVATION:						
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.						
		WELL'S STATIC WATER LEVEL <u>235'</u> ft. below land surface measured on mo/day/yr						
		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 in. to ft. and in. to ft.						
		WELL WATER TO BE USED AS: <u>5 Public water supply</u> 8 Air conditioning 11 Injection well						
		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)						
		2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well						
		Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted						
		Water Well Disinfected? Yes No						
5 TYPE OF BLANK CASING USED:		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped						
<u>1 Steel</u> 3 RMP (SR)		6 Asbestos-Cement 9 Other (specify below) Welded						
2 PVC 4 ABS		7 Fiberglass Threaded						
Blank casing diameter <u>12"</u> in. to ft., Dia in. to ft., Dia in. to ft.								
Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No.								
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement						
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)								
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 8 Saw cut 11 None (open hole)						
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes								
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)								
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.								
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.								
6 GROUT MATERIAL: <u>1 Neat cement</u> 2 Cement grout <u>3 Bentonite</u> 4 Other								
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.								
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well						
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well								
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)								
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage								
Direction from well?		How many feet?						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
<u>269'</u>	<u>229'</u>	<u>SAND & Gravit</u>						
<u>229'</u>	<u>14'</u>	<u>TOP SOIL</u>						
<u>14'</u>	<u>6'</u>	<u>CEMENT</u>						
<u>6'</u>	<u>3'</u>	<u>BENTONITE</u>						
<u>3'</u>	<u>0'</u>	<u>CEMENT</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>7-14-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) <u>9-2-97</u> under the business name of <u>Starts Water Well Service Inc.</u> by (signature) <u>[Signature]</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.								