

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Wabawsee</u>		<u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$	<u>6</u>	<u>T 15</u> <u>S</u>	<u>R 10</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>9 East of 6 South of Alta Vista</u>					
2 WATER WELL OWNER:		#2			
RR#, St. Address, Box # :		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code :		Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>70</u> ft. ELEVATION: <u>35</u> ft.			
		Depth(s) Groundwater Encountered 1. <u>35</u> ft. 2. <u>35</u> ft. 3. <u>35</u> ft.			
		WELL'S STATIC WATER LEVEL <u>29</u> ft. below land surface measured on mo/day/yr <u>JAN 23 2000</u>			
		Pump test data: Well water was <u>2</u> gpm. Well water was <u>28</u> ft. after <u>6.5</u> hours pumping <u>70</u> gpm			
		Bore Hole Diameter <u>7.5</u> in. to <u>28</u> ft. and <u>6.5</u> in. to <u>70</u> ft.			
		WELL WATER TO BE USED AS:			
		1 Domestic <u>1</u> 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 <u>X</u> No <u>X</u> If yes, mo/day/yr sample was submitted			
5 TYPE OF BLANK CASING USED:		Water Well Disinfected? <u>Yes</u> No			
1 Steel 3 RMP (SR)		CASING JOINTS: Glued <u>X</u> Clamped			
2 PVC 4 ABS		Welded			
Blank casing diameter <u>5</u> in. to <u>30</u> ft. Dia		Threaded			
Casing height above land surface <u>18</u> in. weight		lbs./ft. Wall thickness or gauge No. <u>SDR-26</u>			
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:		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 <u>30</u> ft. to <u>70</u> ft.					
GRAVEL PACK INTERVALS: From <u>NONE</u> ft. to <u>NONE</u> ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals: From <u>3</u> ft. to <u>28</u> 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		12 Fertilizer storage 16 Other (specify below)			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 13 Insecticide storage <u>Drainage Ravine</u>					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard		How many feet? <u>60</u>			
Direction from well? <u>West</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Top			
2	9	Shale TAN			
9	11	LIME TAN			
11	15	Shale Gray			
15	17	LIME Gray			
17	19	Shale Gray			
19	27	LIME / Flint			
27	32	Shale Gray			
32	40	LIME wht. & Flint/Frac.			
40	61	Shale Green & Red			
61	63	LIME Gray			
63	66	Shale Gray			
66	70	LIME			
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>JAN 23 2000</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>210</u> This Water Well Record was completed on (mo/day/yr) <u>Feb 17 2000</u> under the business name of <u>Zinn Water Well Dnlg.</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.					

OFFICE USE ONLY

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