

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

1. Location of well:		County <u>Monroe</u>	Fraction <u>SE 1/4 NE 1/4 SE 1/4</u>	Section number <u>32</u>	Township number T <u>15</u> S R <u>8</u> <u>(EW)</u>	Range number
2. Distance and direction from nearest town or city: <u>1 1/2 mile North</u> Street address of well location if in city: <u>1/4 mile N of Council Grove</u>			3. Owner of well: <u>Fish &amp; Wildlife Commission</u> R.R. or street: <u>Council Grove, Reservoir</u> City, state, zip code: <u>Council Grove, Kansas</u>			
4. Locate with "X" in section below:			Sketch map: <u>LAKE</u> <u>Hill</u> <u>Bldg &amp; Office</u> <u>X well</u>		6. Bore hole dia. <u>6 1/2</u> in. Completion date <u>Jan 78</u> Well depth <u>51</u> ft.	
					7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
5. Type and color of material			From	To	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
<u>Fill - Multi Formation</u>			<u>0</u>	<u>10</u>	9. Casing: Material <u>P165</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>al</u> Surface <u>16</u> in. RMP <input checked="" type="checkbox"/> PVC Weight <u>      </u> lbs./ft. Dia. <u>5</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. <u>      </u> in. to <u>      </u> ft. depth gage No. <u>1200</u>	
<u>Topsoil - Blk</u>			<u>10</u>	<u>12</u>	10. Screen: Manufacturer's name <u>Sunflower</u> Type <u>RMP</u> Dia. <u>5</u> Slot/gauze <u>Y8</u> Length <u>11</u> Set between <u>40</u> ft. and <u>51</u> ft. <u>      </u> ft. and <u>      </u> ft. Gravel pack? <u>Yes</u> Size range of material <u>1/4-3/8</u>	
<u>Shale - Yel</u>			<u>12</u>	<u>15</u>	11. Static water level: <u>      </u> mo./day/yr. <u>34</u> ft. below land surface Date <u>Jan 178</u>	
<u>Red Rock - Red</u>			<u>15</u>	<u>40</u>	12. Pumping level below land surfaces: <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. Estimated maximum yield <u>13</u> g.p.m.	
<u>Floxy Gravel -</u>			<u>40</u>	<u>43 1/2</u>	13. Water sample submitted: <u>      </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>      </u>	
<u>Lime - white 43 1/2 Water</u>			<u>43 1/2</u>	<u>51</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>16</u> Inches above grade	
					15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
					16. Nearest source of possible contamination: ft. <u>75</u> Direction <u>North</u> Type <u>Lake</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>      </u> Model number <u>      </u> HP <u>      </u> Volts <u>      </u> Length of drop pipe <u>      </u> ft. capacity <u>      </u> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
					20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Zinn Water Well Drilling 218</u> Business name <u>      </u> License No. <u>      </u> Address <u>Lost Springs, Kan</u> Signed <u>Joseph A. Zinn</u> Date <u>Jan 78</u> authorized representative	
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5