

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>21</u>	T <u>15</u> S	R <u>9</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>5 1/2 mile North of 4 1/2 mile East of Council Grove</u>					
2 WATER WELL OWNER: <u>Rayd Florence</u>					
RR#, St. Address, Box # : <u>RR1</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>Council Grove, KS 66846</u>				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>60</u> ft. ELEVATION: <u>47</u> ft.			
		Depth(s) Groundwater Encountered 1 <u>24</u> ft. 2 <u>47</u> ft. 3 <u>47</u> ft.			
		WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr <u>Feb 8-98</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>20</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>9</u> in. to <u>35</u> ft., and <u>7</u> in. to <u>47</u> ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="radio"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input type="radio"/> 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____			
1 Steel		5 Wrought iron		8 Concrete tile	
<input checked="" type="radio"/> 2 PVC		3 RMP (SR)		9 Other (specify below)	
3 RMP (SR)		6 Asbestos-Cement		Welded _____	
4 ABS		7 Fiberglass		Threaded _____	
Blank casing diameter <u>5</u> in. to <u>35</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SPR-26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="radio"/> 7 PVC			
1 Steel		5 Fiberglass		10 Asbestos-cement	
2 Brass		6 Concrete tile		11 Other (specify) _____	
3 Stainless steel		8 RMP (SR)		12 None used (open hole)	
4 Galvanized steel		9 ABS			
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped			
1 Continuous slot		6 Wire wrapped		<input checked="" type="radio"/> 8 Saw cut	
2 Louvered shutter		7 Torch cut		11 None (open hole)	
4 Key punched		10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS:		From <u>35</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From <u>NONE</u> ft. to _____ ft., From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
6 GROUT MATERIAL: <input checked="" type="radio"/> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From <u>3</u> ft. to <u>33</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		10 Livestock pens	
2 Sewer lines		5 Cess pool		11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit		12 Fertilizer storage	
		7 Pit privy		13 Insecticide storage	
		8 Sewage lagoon		14 Abandoned water well	
		9 Feedyard		15 Oil well/Gas well	
				16 Other (specify below) <u>County Rd</u>	
Direction from well? <u>South</u>				How many feet? <u>50</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top soil			
1	5	Clay - Red			
5	24	Lime & Flint (Florence)			
24	35	Shale Lite Gray to Green			
35	37	LIME TAN			
37	47	Red Rock			
47	49	LIME - Fria Gray			
49	60	Shale Gray			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, <input type="radio"/> (2) reconstructed, or <input type="radio"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>Feb 8-98</u> and this record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No. <u>218</u> This Water Well Record was completed on (mo/day/yr) <u>Feb 10-98</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.					