

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Morris</u>		<u>SW 1/4 NW 1/4 SW 1/4</u>		<u>12</u>		<u>T 16 S</u>		<u>R 8 E</u>	
Distance and direction from nearest town or city street address of well, if located within city? <u>1/4 mile North of Council Grove</u>									
2 WATER WELL OWNER: <u>DONNA Axe</u>									
RR#, St. Address, Box #: <u>P.O. Box 205</u>									
City, State, ZIP Code: <u>Council Grove, KS 66846</u>									
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: <u>55</u> ft. ELEVATION: <u>32</u> ft.							
		Depth(s) Groundwater Encountered 1. <u>32</u> ft. 2. <u>32</u> ft. 3. <u>32</u> ft.							
		WELL'S STATIC WATER LEVEL <u>22</u> ft. below land surface measured on mo/day/yr <u>Mar 10-02</u>							
		Pump test data: Well water was <u>7.5</u> gpm. Well water was <u>7</u> ft. after <u>7</u> hours pumping <u>55</u> gpm							
		Bore Hole Diameter <u>9</u> in. to <u>36</u> ft. and <u>7</u> in. to <u>55</u> ft.							
WELL WATER TO BE USED AS:									
<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 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									
Water Well Disinfected? <u>Yes</u> No									
5 TYPE OF BLANK CASING USED:									
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> 8 Concrete tile    CASING JOINTS: <u>Glued</u> <u>X</u> Clamped <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 12 Other (Specify below)									
Blank casing diameter <u>5</u> in. to <u>30</u> ft. Dia. <u>18</u> in. weight <u>SDR 26</u> lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>									
Casing height above land surface <u>18</u> in.									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify)									
SCREEN-PERFORATED INTERVALS: From <u>30</u> ft. to <u>55</u> ft. From <u>30</u> ft. to <u>55</u> ft. From <u>30</u> ft. to <u>55</u> ft. From <u>30</u> ft. to <u>55</u> ft.									
GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>45</u> ft. From <u>23</u> ft. to <u>45</u> ft. From <u>23</u> ft. to <u>45</u> ft. From <u>23</u> ft. to <u>45</u> ft.									
6 GROUT MATERIAL: <input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other									
Grout Intervals: From <u>3</u> ft. to <u>23</u> ft. From <u>3</u> ft. to <u>23</u> ft. From <u>3</u> ft. to <u>23</u> ft. From <u>3</u> ft. to <u>23</u> ft.									
What is the nearest source of possible contamination:									
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below)									
Direction from well? <u>West</u> How many feet? <u>50</u> <u>Dry Creek Bed</u>									
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>Mar 10-02</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>Apr 3 02</u> under the business name of <u>Zinn Water Well Dring</u> by (signature) <u>Joselyn 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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