

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>NW 1/4 NW 1/4 NE 1/4</u>	<u>E 1/2 of 7</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>3 mile west of Council Grove & 2 mile North Council Grove Lake B-44</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #:		Application Number:			
City, State, ZIP Code:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>125</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. <u>43</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>2.7</u> ft. below land surface measured on mo/day/yr <u>MAY 1 03</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>1.3</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8</u> in. to <u>23</u> in. and <u>6 1/2</u> in. to <u>125</u> in.			
		WELL WATER TO BE USED AS:			
		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 <u>X</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected <u>Yes</u> No _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped <u>X</u>			
1 Steel 3 RMP (SR)		Welded _____			
2 PVC 4 ABS		Threaded _____			
5 Wrought iron 8 Concrete tile					
6 Asbestos-Cement 9 Other (specify below)					
7 Fiberglass					
Blank casing diameter <u>5</u> in. to <u>27</u> in. Dia _____ in. to _____ in. Dia _____ in. to _____ in.					
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR-24</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		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 <u>2.7</u> ft. to <u>125</u> 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.					
6 GROUT MATERIAL:		4 Other _____			
1 Neat cement 2 Cement grout 3 Bentonite					
Grout intervals: From <u>3</u> ft. to <u>25</u> 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? <u>North</u>		How many feet? <u>60</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Alluvium	111	112	LIME
3	9	LIME TAN	112	114	Shale Gray
9	11	Shale TAN	114	116	LIME Gray
11	30	LIME Flint	116	119	Shale Gray
30	33	Shale Lite Gray	119	125	LIME
33	34	LIME TAN			
34	42	Shale Red			
42	43	LIME TAN			
43	59	Shale-Gray			
59	64	LIME TAN			
64	70	Shale Gray			
70	80	LIME			
80	90	Shale Red			
90	108	LIME			
108	111	Shale Dark Gray			
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>MAY 1-03</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>29 May 03</u>			
under the business name of <u>ZINN Water Well Dring</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.					

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