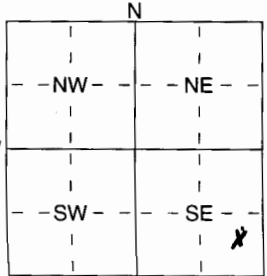


1 LOCATION OF WATER WELL: County: <u>Morris</u>		Fraction: <u>NE 1/4 SE 1/4 SE 1/4</u>	Section Number: <u>33</u>	Township Number: <u>T 16 S</u>	Range Number: <u>R 8 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>3 1/2 mile South & 1 1/4 mile west of Council Grove</u>					
2 WATER WELL OWNER: <u>DON DAY</u>					
RR#, St. Address, Box # : <u>1862 South 1000 Rd.</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>80</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered: <u>1</u> <u>9-10</u> ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL: <u>3.5</u> ft. below land surface measured on mo/day/yr <u>Jun 2 05</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>1 3/4</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm 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"/> Irrigation 4 Industrial 7 Domestic (lawn & garden) 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: <input checked="" type="radio"/> 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____ <input checked="" type="radio"/> 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>48</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR-26</u> TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="radio"/> 1 Steel 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-Cement <input type="radio"/> 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 11 Other (Specify) _____ 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="radio"/> 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 <u>Saw cut</u> 11 None (open hole) <input type="radio"/> 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____ ft. SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>NONE</u> 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>2</u> ft. to <u>8</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <input type="radio"/> 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well <input type="radio"/> 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well <input type="radio"/> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) <u>Pond & Spring</u> Direction from well? <u>West</u> 13 Insecticide storage How many feet? <u>50'</u>					
FROM TO LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS			
0	2	Top soil	56	58	Shale Lite Gray
2	4	Clay Gray	58	70	LIME Gray
4	5	Silly Gravel	70	76	Shale Black
5	6	LIME	78	80	LIME
6	8.5	Shale Brn			
8.5	13	Frac. LIME			
13	21	Shale Green & Red			
21	32	LIME Gray			
32	40	Shale Dk Gray			
40	42	LIME Gray			
42	47	Shale BLK			
47	48	LIME Gray			
48	52	Shale Gray			
52	56	LIME			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>Jun 2 05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No <u>218</u> This Water Well Record was completed on (mo/day/yr) <u>Jun 10 05</u> under the business name of <u>Zinn Water Well Drllg</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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					