| | | WA | TER WELL REC | ORD Form | n WWC-5 | KSA 82a-1 | 212 ID N | lo | | | |
|---|---|--------------------------|------------------|-----------------------------|-------------------|-------------------------|-----------------------|---------------------------------|--------------------------|---|--|
| 1 LOCATION OF WATER WELL: Frac | | | Fraction | | | Sect | ion Number | Township Numb | er | Range Number | |
| County: | Morris | | NE 14 | SE 14 | SE 1/4 | Ead | y2 of 6 | т /6 | s | R & BW | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | | | | | |
| 4 West & 1/2 North of Council Grove | | | | | | | | | | | |
| 2 WATER WELL OWNER: Dave I a NIX CALL P. | | | | | | | | | | | |
| RR#, St. Address, Box # : Couve I Grove Lake A-9 Board of Agriculture, Division of Water Resources | | | | | | | | | | | |
| City, State, | | | weil Go | ove. K | 5 668 | 346 | | Application Nur | nber: | | |
| 31. COLTE WELLS A COLTION WITH A DEPTH OF COMPLETED WELL SO IN ELEVATION: | | | | | | | | | | | |
| AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1 | | | | | | | | | | | |
| | N | | WELLSSIAIR | J WAILH LEV | /EL | π. belo | w iang suna | ce measured on mo/day | y/yr <i></i> | ······································ | |
| Pump test data: Well water was ft. after hours pumping gpm | | | | | | | | | | | |
| Est. Yield | | | | | | | | | | | |
| | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestie 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | | | | | | |
| w— | | | | | | | | | | | |
| | | | | | | | | | | | |
| | SW SE Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs sample was sub- | | | | | | | | | | |
| | 1743 a distributionological cample submitted to Department. Too minimum, it you more sumple states | | | | | | | | | No | |
| | <u> </u> | | | | | | | | | | |
| - TVD= 0 | S | 10000 | | | | | | 040000 10000 | 0.011 | X 011 | |
| | | ASING USED: 3 RMP (SI | | 5 Wrought in 6 Asbestos- | | 8 Concre | | | | Clamped | |
| 1 Stee 2 PVC | \supset | 4 ABS ` | , | 7 Fiberglass | 3 | 9 Other (specify below) | | | Threaded | d | |
| Blank casin | ng diameter | 5 | in to | 40 | ft Dia | in. to | | ft Dia | | in toft. | |
| Casing hei | aht above lar | nd surface | 16 | in weigh | nt | | | . lbs./ft. Wall thickness | or guage N | 5DA-26 | |
| | | | N MATERIAL: | , wo.g. | | 7 PV | ر م | | os-Cement | | |
| 1 Stee | | 3 Stainles | 5 Fiberglass | S | | P (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 Guazed wrapped 8 Saw cut 11 None (open hole) | | | | | | | | | | | |
| | tinuous slot | | /lill slot | | 6 Wire w | | | 9 Drilled holes | | , , , | |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)ft. | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | |
| | | | From | | ft. to | | ft., Fron | n | ft. to | ft. | |
| | BRAVEL PAC | CK INTERVALS | i: From | NONE | ft. to | | ft., Fron | n | ft. to | ft. | |
| | | | From | | π. το | ••••• | π., Fron | n | π. το | ft. | |
| 6 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | | | | |
| Grout Intervals: Fromft. toft., Fromft. toft. toft. | | | | | | | | | | | |
| What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well | | | | | | | | | | | |
| | tic tank | 4 Late | | | 7 Pit privy | | | storage | 15 Oil w | /ell/Gas well | |
| 2 Sewer lines 5 Cess pool | | | | | 8 Sewage la | agoon | | | 16 Other (specify below) | | |
| 3 Watertight sewer lines 6 Seepage pit | | | | | 9 Feedyard | | | 41.1.1 | | | |
| Direction fr | | West | | | • | | How many feet? | | | | |
| FROM | ТО | West | LITHOLOGIC | CLOG | | FROM | ТО | | SING INTER | RVALS | |
| 0 | 5 | 11/11 | vius | | | | | | | | |
| 5 | 31 | Lini | | e Flint | Z | | | | | | |
| 31 | 38 | Shall | Lite | | | | | | | | |
| | 51 | Shale | | 2700 | | | | | | | |
| 3 <i>8</i> 5/ | 64 | Shall | | | | | | | | | |
| 64 | 70 | Lin | | | | | | | | | |
| 70 | 80 | | 1 1 | | | | | | | | |
| 10 | CL | | le Gray | , | | | | | | | |
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| | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| L CONTR | ACTOR'S O | R LANDOWNE | ER'S CERTIFICA | TION: This w | ater well wa | s(1) cohstru | ucted, (2) re | constructed, or (3) plug | ged under | my jurisdiction and was ledge and belief. Kansas | |
| completed of | on (mo/day/y | ear) | 210 | (| Th:- 14/ : : | Mall Da | and this | record is true to the best | of my know | ledge and belief. Kansas | |
| Water Well | Contractor's | Licence No | <u></u> | / 14/ | inis water | vveii Record | was comple | ted on (mo/day/yr) | | 7 2 44- | |
| under the business name of ZINN Water Well Drig by (signature) by (signature) by (signature) and June 1. 3 cmm INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Seed top three copies to Kansas Department of Health | | | | | | | | | | | |
| INSTRUCT | TIONS: Use type | writer or ball point p | en. PLEASE PRESS | FIRMLY and PRINT | T clearly. Please | fill in blanks, und | derline or circle the | he correct answers. Send top th | free copies to K | (ansas Department of Health | |

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill'in blanks, underline or circle the correct answers. Send top tiffee 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 <u>constructed</u> well.