

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>NE 1/4 SE 1/4 SE 1/4</u>	<u>E 2 of 6</u>	T <u>16</u> S	R <u>8</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1 North 3 West Council Grove</u>					
2 WATER WELL OWNER: <u>Dean Whitmore</u>					
RR#, St. Address, Box #: <u>RR-1 A-9</u>					
City, State, ZIP Code: <u>Council Grove Lake, Council Grove</u> <span style="float:right">66846 Board of Agriculture, Division of Water Resources</span>					
Application Number: _____					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>56</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. <u>15</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>40</u> ft. below land surface measured on mo/day/yr <u>Oct 10 87</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>9</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8</u> in. to <u>30</u> ft., and <u>6 1/2</u> in. to <u>56</u> ft.			
		WELL WATER TO BE USED AS:			
		5 Public water supply    8 Air conditioning    11 Injection well 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 <u>No</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? <u>Yes</u> No			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued <u>X</u> Clamped _____
② PVC		4 ABS	7 Fiberglass		Welded _____
					Threaded _____
Blank casing diameter _____ in. to <u>40</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR-26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
					12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	⑧ Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
			7 Torch cut	10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>40</u> ft. to <u>56</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: ① Neat cement    2 Cement grout    3 Bentonite    4 Other _____					
Grout Intervals: From <u>3</u> ft. to <u>30</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
① Septic tank		4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines		5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below) _____
				13 Insecticide storage	
Direction from well? <u>West</u>				How many feet? <u>60</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Flint Gravel			
2	28	Line-white with Blue Flint			
28	29	Shale Gray			
29	29.5	Line Gray			
29.5	33	Gray Calcarius Shale			
33	37	Shale Blue Green			
37	45	Red Rock			
45	49	Line Frac. TAN			
49	56	Shale 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>Oct 10 87</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>Oct 30 87</u>					
under the business name of <u>ZINN Water Well Dols</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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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