

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>SW 1/4</u> <u>SE 1/4</u> <u>SE 1/4</u>	<u>E 1/2 of 7</u>	T <u>16 S</u>	R <u>8 E W</u>
Distance and direction from nearest town or city street address of well if located within city?					
<u>3 mile West 1 1/4 North of Council Grove</u>			<u>Lot 15 H</u>	<u>Council Grove Lake</u>	

  

2 WATER WELL OWNER: <u>Paul Thompson</u>		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: <u>Box 241</u>		
City, State, ZIP Code: <u>Council Grove, KS 66846</u>		

  

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>105</u> ft. ELEVATION:	
		Depth(s) Groundwater Encountered 1. <u>90</u> ft. 2. _____ ft. 3. _____ ft.	
		WELL'S STATIC WATER LEVEL <u>60</u> ft. below land surface measured on mo/day/yr <u>Aug 29 89</u>	
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm	
		Est. Yield <u>1.5</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm	
		Bore Hole Diameter <u>8</u> in. to <u>23</u> ft., and _____ in. to _____ 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 _____ 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:		5 Wrought iron		8 Concrete tile		CASING JOINTS: Glued <u>X</u> _____ Clamped _____	
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)	
② PVC		4 ABS		7 Fiberglass		Welded _____	
Blank casing diameter <u>5</u> in. to <u>60</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						Threaded _____	
Casing height above land surface <u>16</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:		⑦ PVC		10 Asbestos-cement			
1 Steel		3 Stainless steel		5 Fiberglass		8 RMP (SR)	
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS	
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>60</u> ft. to <u>105</u> ft., From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From <u>NONE</u> 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>23</u> 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage		14 Abandoned water well	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage		15 Oil well/Gas well	
Direction from well? <u>West Down Grade</u>						13 Insecticide storage		16 Other (specify below)	
						How many feet? <u>55</u>			

  

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
1	25	LIME & Flint TAN			
25	27	Shale Gray			
27	29	LIME Gray			
29	32	Shale Green			
32	41	Red Rock			
41	43	LIME TAN			
43	48	Shale Yel			
48	52	LIME Gray			
52	78	Shale Gray			
78	90	Red Rock			
90	92	FRAC LIME			
92	105	LIME			

  

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>Aug 29 89</u> and this record is true to the best of my knowledge and belief. Kansas	
Water Well Contractor's License No. <u>210</u>	This Water Well Record was completed on (mo/day/yr) <u>Aug 29 89</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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.

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