

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>8</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>4 W 1 1/4 N of Council Grove</u>					
2 WATER WELL OWNER: <u>Randy Cerretti</u>					
RR#, St. Address, Box # : <u>22 Locust Ln</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>EMPORIA, KS 66801</u>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>78</u> ft. ELEVATION: .....			
		Depth(s) Groundwater Encountered 1. <u>41</u> ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <u>40</u> ft. below land surface measured on mo/day/yr <u>JUN 3 87</u>			
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Est. Yield <u>13</u> gpm; Well water was ..... ft. after ..... hours pumping ..... gpm			
		Bore Hole Diameter <u>8</u> in. to <u>23</u> ft., and <u>6 1/4</u> in. to <u>78</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 Observation 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:					
1 Steel		3 RMP (SR)		5 Wrought iron	
② PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>5</u> in. to <u>40</u> ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.				8 Concrete tile	
Casing height above land surface <u>14</u> in., weight ..... lbs./ft. Wall thickness or gauge No. <u>SPR-26</u>				9 Other (specify below)	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 RMP (SR)	
				8 ABS	
				10 Asbestos-cement	
				11 Other (specify) .....	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) .....	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <u>40</u> ft. to <u>78</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>23</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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well? <u>SE</u> How many feet? <u>60</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	18	LIME TAN			
10	22	Shale Yel			
22	23	LIME TAN			
23	31	Shale Blue Green			
31	39	Red Rock			
39	40	LIME TAN			
40	44	Frac Lime			
44	60	Shale Gray			
60	66	LIME TAN			
66	70	Shale Gray			
70	71	LIME Gray			
71	78	Shale Blue Green			
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>JUN 3 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>JUN 30 87</u>					
under the business name of <u>Zinn Water Well Drlg</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					