

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>SW 1/4 NW 1/4 SW 1/4</u>	<u>8</u>	<u>T 16 S</u>	<u>R 8 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1 mile North &amp; 2 1/2 West of Council Grove at City Lake</u> <span style="float:right"><u>I-10</u></span>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #:		Application Number:			
City, State, ZIP Code:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>105</u> ft. ELEVATION: <u>90</u> ft.			
		Depth(s) Groundwater Encountered 1. <u>39</u> ft. 2. <u>90</u> ft. 3. <u>105</u> ft.			
		WELL'S STATIC WATER LEVEL <u>39</u> ft. below land surface measured on mo/day/yr <u>Jul 30 90</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>265</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8</u> in. to <u>25</u> ft., and <u>6 7/8</u> in. to <u>105</u> ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Monitoring well <input type="checkbox"/> Other (Specify below)			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____			
1 Steel    3 RMP (SR)		5 Wrought iron    8 Concrete tile    Welded _____			
<input checked="" type="checkbox"/> PVC    4 ABS		6 Asbestos-Cement    9 Other (specify below)    Threaded _____			
Blank casing diameter <u>5</u> in. to <u>42</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
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:		<input checked="" type="checkbox"/> PVC    10 Asbestos-cement			
1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (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 Gauzed wrapped <input checked="" type="checkbox"/> 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>42</u> ft. to <u>105</u> ft., From _____ ft. to _____ 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., From _____ ft. to _____ ft.			
6 GROUT MATERIAL:		2 Cement grout    3 Bentonite    4 Other _____			
Grout Intervals: From <u>3</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Livestock pens    14 Abandoned water well			
<input checked="" type="checkbox"/> Septic tank    4 Lateral lines    7 Pit privy    11 Fuel storage    15 Oil well/Gas well					
2 Sewer lines    5 Cess pool    8 Sewage lagoon    12 Fertilizer storage    16 Other (specify below)					
3 Watertight sewer lines    6 Seepage pit    9 Feedyard    13 Insecticide storage					
Direction from well? <u>South East</u>		How many feet? <u>60</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Aluvium	102	103	Shale Gray
2	21	LIME/Flint <del>Lite</del> Lite	103	105	LIME DK Gray
21	23	Shale TAN			
23	27	LIME Lite			
27	34	Shale Green			
34	41	Red Rock			
41	45	LIME TAN Frac.			
45	60	Shale Blue			
60	69	LIME Gray			
69	70	Shale Gray			
70	75	LIME Gray			
75	80	Shale Green			
80	89	Red Rock			
89	91	LIME Frac. Lite			
91	102	LIME Lite			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>Jul 30 90</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>Aug 1 90</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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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