

1 LOCATION OF WATER WELL: County: <u>Morris</u>	Fraction <u>NW 1/4 SW 1/4 SW 1/4</u>	Section Number <u>12</u>	Township Number <u>T 16 S</u>	Range Number <u>R 8 E</u>
--	---	-----------------------------	----------------------------------	------------------------------

Distance and direction from nearest town or city street address of well if located within city?

1/4 Mile north of Council Grove

2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :	<u>Clyde Slawson</u> <u>Rt 1 Council Grove 66846</u>	Board of Agriculture, Division of Water Resources Application Number:
---	---	--

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>40</u> ft. ELEVATION:
--	---

Depth(s) Groundwater Encountered 1. 19 ft. 2. 20 ft. 3. 40 ft.

WELL'S STATIC WATER LEVEL 19 ft. below land surface measured on mo/day/yr Mar 18 86

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield 20+ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 8 in. to 13 ft., and 6 1/2 in. to 40 ft.

WELL WATER TO BE USED AS:

☒ Domestic	☐ 3 Feedlot	☐ 6 Oil field water supply	☐ 9 Dewatering	☐ 11 Injection well	☐ 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 If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped
------------------------------	----------------	-----------------	---------------------------------------

1 Steel

2 PVC

3 RMP (SR)

4 ABS

Blank casing diameter 5 in. to 19 ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.

Casing height above land surface 16 in., weight _____ lbs./ft. Wall thickness or gauge No. SPR 26

6 Asbestos-Cement

7 Fiberglass

9 Other (specify below)

Welded _____

Threaded _____

TYPE OF SCREEN OR PERFORATION MATERIAL:	7 PVC	10 Asbestos-cement
---	-------	--------------------

1 Steel

2 Brass

3 Stainless steel

4 Galvanized steel

5 Fiberglass

6 Concrete tile

8 RMP (SR)

9 ABS

11 Other (specify)

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot

2 Louvered shutter

3 Mill slot

4 Key punched

5 Gauzed wrapped

6 Wire wrapped

7 Torch cut

8 Saw cut

9 Drilled holes

10 Other (specify)

11 None (open hole)

SCREEN-PERFORATED INTERVALS:	FROM <u>19</u> ft. TO <u>40</u> ft.	FROM _____ ft. TO _____ ft.
------------------------------	-------------------------------------	-----------------------------

GRAVEL PACK INTERVALS:	FROM <u>13</u> ft. TO <u>40</u> ft.	FROM _____ ft. TO _____ ft.
------------------------	-------------------------------------	-----------------------------

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other
-------------------	---------------	----------------	-------------	---------

Grout Intervals: From 3 ft. to 13 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<u>1 Septic tank</u>	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)

Direction from well? North

How many feet? 150

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	Top Soil			
5	7	Clay Brn			
7	20	Clay Red			
20	24	Gravel			
24	25	Lime Gray			
25	26	Shale Dark			
26	31	Lime Brn			
31	32	Shale Blue Green			
32	34	Lime Lite			
34	35	Shale Blw			
35	40	Lime Lite Gray			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:	This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>Mar 18 86</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>Apr 15 86</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.