

**611 E. Main, Council Grove, KS**

Board of Agriculture, Division of Water Resources  
Application Number:

20 ft. ELEVATION:



Depth(s) Groundwater Encountered	11.5	<b>14-15</b>	ft. 2		ft. 3	Ft.
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WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft. below land surface measured on mo/day/yr **06/20/11**

Pump test data:	Well water was	Ft. after	hours pumping	Gpm
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Est. Yield	Gpm:	Well water was	Ft. after	Hours pumping	Gpm
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Bore Hole Diameter	4.25	In. to	20	ft. and	in. to	Ft.
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WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

1 Domestic    3 Feed lot    6 Oil field water supply    9 Dewatering    12 Other (Specify below)

2 Irrigation	4 Industrial	7 Lawn and garden (domestic)	10 Monitoring well	<b>MW-11</b>
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Was a chemical/bacteriological sample submitted to Department? Yes No **X** If yes, mo/day/yr sample was

Submitted Water Well Disinfected? Yes No **X**

5	TYPE OF BLANK CASING USED:
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1 Steel	3 RMP (SR)
2 PVC	4 ABS

5 Wrought Iron	8 Concrete tile
6 Asbestos-Cement	9 Other (specify below)
7 Fiberglass	

CASING JOINTS: Glued                      Clamped

Welded	
Threaded	X

Blank casing diameter	2	in. to	10	ft., Dia		in. to	ft., Dia		in. to	ft.
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Casing height above land surface	FLUSH	ln., weight	SCH 40	Lbs./ft. Wall thickness or gauge No.
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TYPE OF SCREEN OR PERFORATION MATERIAL:

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:

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 **10** ft. to **20** ft. From      ft. to      ft.

SAND PACK INTERVALS: From **9** ft. to **20** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ Ft.

From	ft. to	ft. From	ft. to	Ft.

6	GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other
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Grout Intervals	From	To	Grout Intervals	From	To	Grout Intervals	From	To
	2	0.5		7	7		9	
	ft.	ft.		ft.	ft.		ft.	ft.

What is the nearest source of possible contamination:

1	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	Contaminated Site
4	Water storage tank	7	Water storage tank	10	Water storage tank	14	Water storage tank	

Direction from well?

How many feet?

[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w

Completed on (mo/day/yr) **06/20/11** And this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **06/22/11**

under the business name of **Associated Environmental, Inc.** By (signature) **Bradley A. Johnson**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.