

|   |     |   |                   |                 |                    |
|---|-----|---|-------------------|-----------------|--------------------|
| 1 LOCATION OF WATER WELL:   |     | Fraction  | Section Number    | Township Number | Range Number       |
| County: <u>Morris</u>   |     | <u>SW 1/4 NE 1/4 NE 1/4</u>   | <u>East 1/2 7</u> | <u>T 16 S</u>   | <u>R 80 E</u>      |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>3W &amp; 2N of Council Grove</u> <u>C.G. Lake C-16</u>  |     |   |                   |                 |                    |
| 2 WATERWELL 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>95</u> ft. ELEVATION: <u>44</u> ft.   |                   |                 |                    |
|   |     | Depth(s) Groundwater Encountered 1. <u>23</u> ft. 2. <u>44</u> ft. 3. <u>95</u> ft.   |                   |                 |                    |
|   |     | WELL'S STATIC WATER LEVEL <u>23</u> ft. below land surface measured on mo/day/yr <u>NOV-16-97</u>   |                   |                 |                    |
|   |     | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm  |                   |                 |                    |
|   |     | Est. Yield <u>6</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm   |                   |                 |                    |
|   |     | Bore Hole Diameter: <u>8 7/8</u> in. to <u>36</u> ft. and <u>7</u> in. to <u>95</u> ft.   |                   |                 |                    |
|   |     | WELL WATER TO BE USED AS:   |                   |                 |                    |
|   |     | <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) |                   |                 |                    |
|   |     | <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well   |                   |                 |                    |
|   |     | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____  |                   |                 |                    |
|   |     | Water Well Disinfected <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                   |                 |                    |
| 5 TYPE OF BLANK CASING USED:  |     | CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped   |                   |                 |                    |
| <input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> Welded  |     |   |                   |                 |                    |
| <input type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole)   |     |   |                   |                 |                    |
| Blank casing diameter <u>5</u> in. to <u>40</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.   |     |   |                   |                 |                    |
| Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR-26</u>   |     |   |                   |                 |                    |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |     |   |                   |                 |                    |
| <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 7 RMP (SR) <input type="checkbox"/> 10 Asbestos-cement  |     |   |                   |                 |                    |
| <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole)  |     |   |                   |                 |                    |
| SCREEN OR PERFORATION OPENINGS ARE:   |     |   |                   |                 |                    |
| <input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 6 Saw cut <input type="checkbox"/> 11 None (open hole)  |     |   |                   |                 |                    |
| <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 7 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify)   |     |   |                   |                 |                    |
| SCREEN-PERFORATED INTERVALS:  |     |   |                   |                 |                    |
| From <u>40</u> ft. to <u>95</u> ft.   |     |   |                   |                 |                    |
| GRAVEL PACK INTERVALS:  |     |   |                   |                 |                    |
| From <u>NONE</u> ft. to _____ ft.   |     |   |                   |                 |                    |
| 6 GROUT MATERIAL:   |     |   |                   |                 |                    |
| <input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other   |     |   |                   |                 |                    |
| Grout Intervals: From <u>3</u> ft. to <u>36</u> ft.   |     |   |                   |                 |                    |
| What is the nearest source of possible contamination:   |     |   |                   |                 |                    |
| <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input checked="" type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well   |     |   |                   |                 |                    |
| <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well   |     |   |                   |                 |                    |
| <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below)   |     |   |                   |                 |                    |
| Direction from well? <u>South</u>   |     | How many feet? <u>70</u>  |                   |                 |                    |
| FROM  | TO  | LITHOLOGIC LOG  | FROM              | TO              | PLUGGING INTERVALS |
| 0   | 2.5 | Aluvium   | 88                | 91              | Shale TAN          |
| 2.5   | 9   | LIME TAN  | 91                | 95              | LIME Gray          |
| 9   | 11  | Shale TAN   |                   |                 |                    |
| 11  | 30  | LIME & Blue Flint   |                   |                 |                    |
| 30  | 34  | Shale Green   |                   |                 |                    |
| 34  | 44  | Red Rock  |                   |                 |                    |
| 44  | 45  | Trac LIME   |                   |                 |                    |
| 45  | 62  | Shale Gray  |                   |                 |                    |
| 62  | 64  | LIME Gray   |                   |                 |                    |
| 64  | 68  | Shale Gray  |                   |                 |                    |
| 68  | 69  | LIME Gray   |                   |                 |                    |
| 69  | 77  | Shale Gray  |                   |                 |                    |
| 77  | 78  | LIME Gray   |                   |                 |                    |
| 78  | 83  | Shale / Gray  |                   |                 |                    |
| 83  | 88  | LIME TAN  |                   |                 |                    |
| 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>Nov. 16-97</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>Nov. 20-97</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.   |     |   |                   |                 |                    |

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