

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>NE 1/4 NE 1/4 NE 1/4</u>	<u>12</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>1/2 East & 1 North of Council Grove</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : <u>313 West Main Box 313</u>		Application Number:			
City, State, ZIP Code : <u>Council Grove KS 66846</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>124</u> ft. ELEVATION: _____ ft.			
		Depth(s) Groundwater Encountered 1. <u>47</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>45</u> ft. below land surface measured on mo/day/yr <u>Aug 19 94</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>2.5</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8 7/8</u> in. to <u>32</u> ft. and <u>7</u> in. to <u>124</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 Monitoring 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		9 Other (specify below)	
Blank casing diameter <u>5</u> in. to <u>45</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Casing height above land surface <u>10</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR-26</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
		7 RMP (SR)		9 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		11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <u>45</u> ft. to <u>124</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>32</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) <u>Graves</u>	
Direction from well? <u>East</u>		How many feet? <u>54</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Top Soil Bk	117	124	LIME Gray
2	8	Clay TAN			
8	12	Red Rock			
12	14	LIME TAN			
14	17	Shale Gray			
17	30	LIME TAN			
30	33	Shale Gray			
33	63	LIME & Flint			
63	70	Shale Gray-Blue-Green			
70	71	LIME TAN			
71	73	Red Rock			
73	85	LIME Lite Gray			
85	108	Shale DK Grd			
108	110	LIME Lite TAN			
110	117	Shale Lite Gray			
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>Aug 19 94</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 30 94</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.					