

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>14</u>	<u>T 16</u> <u>S</u>	<u>R 9</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>6 mile East of Council Grove</u>					
2 WATER WELL OWNER: <u>Richard Grimmet</u>					
RR#, St. Address, Box #: <u>Rt 3</u>					
City, State, ZIP Code: <u>Council Grove, Ks 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>90</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. <u>32</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>16</u> ft. below land surface measured on mo/day/yr <u>MAY 13-96</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>13</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>9</u> in. to <u>23</u> ft., and <u>7</u> in. to <u>90</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"/> Other (Specify below)			
		<input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> 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:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<input checked="" type="radio"/> 2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>5</u> in. to _____ ft.		Diameter <u>25</u> in. to _____ ft.		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
Casing height above land surface <u>18</u> in., weight _____ lbs./ft.		Wall thickness or gauge No. <u>SDR-26</u>		Welded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="radio"/> 7 PVC		10 Asbestos-cement	
1 Steel		3 Stainless steel		8 RMP (SR)	
2 Brass		4 Galvanized steel		9 ABS	
		6 Concrete tile		11 Other (specify) _____	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		<input checked="" type="radio"/> 8 Saw cut	
1 Continuous slot		3 Mill slot		11 None (open hole)	
2 Louvered shutter		4 Key punched		9 Drilled holes	
		7 Torch cut		10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:		From <u>25</u> ft. to <u>90</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: <input checked="" type="radio"/> 1 Neat cement <input type="radio"/> 2 Cement grout <input type="radio"/> 3 Bentonite <input type="radio"/> 4 Other _____					
Grout Intervals: From <u>3</u> ft. to <u>23</u> 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	
				14 Abandoned water well	
				11 Fuel storage	
				15 Oil well/Gas well	
				12 Fertilizer storage	
				16 Other (specify below)	
				13 Insecticide storage	
				<u>New Lagoon</u>	
Direction from well? <u>East</u>		How many feet? <u>100'</u>			
FROM		TO		LITHOLOGIC LOG	
0		3		Top Soil	
3		5		LIME - Lite	
5		7		Shale - Lite	
7		8		LIME TAN	
8		20		Shale Gray	
20		23		LIME YEL	
23		32		Shale Gray	
32		40		LIME Gray	
40		51		Shale Lite/Gray to Green	
51		52		LIME	
52		56		Shale TAN	
56		58		LIME White	
58		68		Shale TAN	
68		77		LIME TAN	
77		81		Shale - Dirty Brn	
FROM		TO		PLUGGING INTERVALS	
81		82		LIME Gray	
82		90		Shale Black	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, <input type="radio"/> (2) reconstructed, or <input type="radio"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>May 13-96</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>May 15-96</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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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