

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	<u>5</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>2 mile East &amp; 2 mile North of Council Grove</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #:		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>55</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. <u>35</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>18</u> ft. below land surface measured on mo/day/yr <u>Apr 27 97</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>5</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8 5/8</u> in. to <u>24</u> in. and _____ in. to _____ in.			
		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"/> Injection well <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 _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____			
<input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (specify below)		<input type="checkbox"/> Welded <input type="checkbox"/> Threaded			
Blank casing diameter _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR-26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> PVC <input type="checkbox"/> Asbestos-cement <input type="checkbox"/> Steel <input type="checkbox"/> Stainless steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> ABS <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		<input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> None (open hole) <input type="checkbox"/> Continuous slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Drilled holes <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Torch cut <input type="checkbox"/> Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____					
Grout Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		<input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cess pool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Oil well/Gas well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Insecticide storage <u>Pond</u>			
Direction from well? <u>South West Downhill</u>		How many feet? <u>300</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top Soil			
3	4	Fract LINE TAN			
4	5	Shale TAN			
5	8	LIME TAN			
8	23	Shale TAN			
23	24	LIME TAN			
24	33	Red Rock			
33	35	LIME & Blue Flint			
35	36	Fract LIME			
36	45	LIME & Blue Flint			
45	48	Shale DK Gray			
48	49	LIME TAN			
49	55	Shale Gray			
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>Apr 27 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>Apr 29 97</u> under the business name of <u>Zinn Water Well Dng</u> by (signature) <u>Joseph A. Zinn</u>					