

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>NW 1/4 NW 1/4 SE 1/4</u>	<u>16</u>	<u>T 16 S</u>	<u>R 9 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From Sect of 1775 56 in Council Grove, Go 3 1/2 E on 56 then South 1/2 mile</u>					
2 WATER WELL 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>70</u> ft. ELEVATION: <u>13.5</u> ft.			
		Depth(s) Groundwater Encountered <u>13</u> ft. 2. <u>13.5</u> ft. 3. <u>70</u> ft.			
		WELL'S STATIC WATER LEVEL <u>13</u> ft. below land surface measured on mo/day/yr <u>Apr 16 90</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</u> in. to <u>12</u> ft. and <u>6 7/8</u> in. to <u>70</u> ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="radio"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input type="radio"/> Irrigation 4 Industrial 7 Lawn and garden only 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 _____ No _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____			
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile 11 Injection well			
2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below) 12 Other (Specify below)			
Blank casing diameter <u>5</u> in. to <u>13</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		7 Fiberglass 10 Asbestos-cement			
Casing height above land surface <u>18</u> in. weight _____ lbs./ft. Wall thickness or gauge No. <u>SPR-26</u>		8 RMP (SR) 11 Other (specify) _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		10 Asbestos-cement			
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:		5 Gauzed wrapped 8 Saw cut 11 None (open hole)			
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes		10 Other (specify) _____			
2 Louvered shutter 4 Key punched 7 Torch cut					
SCREEN-PERFORATED INTERVALS:		From <u>13</u> ft. to <u>70</u> ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From <u>NONE</u> ft. to _____ ft. From _____ ft. to _____ ft.			
6 GROUT MATERIAL:		3 Bentonite 4 Other _____			
1 Neat cement 2 Cement grout		Grout intervals: From <u>3</u> ft. to <u>12</u> ft. From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well			
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well		12 Fertilizer storage 16 Other (specify below)			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 13 Insecticide storage		<u>IN Pasture on hill</u>			
3 Watertight sewer lines 6 Seepage pit 9 Feedyard		How many feet? <u>IN Pasture</u>			
Direction from well? <u>within Pasture on hill</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil BIK			
2	8	Shale Yel			
8	19	LIME Fractured (Lite)			
19	23	LIME Solid Lite/ Flint			
23	37	Shale - Gray - Red-Green			
37	47	LIME Hard			
47	50	Shale Gray			
50	53	LIME Lite			
53	63	Shale DK Gray			
63	68	LIME Lite			
68	70	Shale Gray			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, <input type="radio"/> reconstructed, or <input type="radio"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>Apr 16 90</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 30 - 90</u> under the business name of <u>Zinn Water Well Drlg</u> by (signature) <u>Joseph A. Zinn</u>					