

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Marion</u>		<u>NE 1/4 NE 1/4 NE 1/4</u>	<u>22</u>	<u>T 17 S</u>	<u>R 4 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>in Lost Springs Corner of Lincoln & Berry</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #		Application Number:			
City, State, ZIP Code		<u>Lost Springs, KS 66859</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>100</u> ft. ELEVATION: <u>100</u> ft.			
		Depth(s) Groundwater Encountered 1. <u>88</u> ft. 2. <u>88</u> ft. 3. <u>88</u> ft.			
		WELL'S STATIC WATER LEVEL <u>70</u> ft. below land surface measured on mo/day/yr <u>MAY 29-99</u>			
		Pump test data: Well water was <u>20</u> gpm. Well water was <u>85</u> ft. after <u>9778</u> hours pumping <u>100</u> gpm			
		Bore Hole Diameter <u>8</u> in. to <u>85</u> ft. and <u>9778</u> in. to <u>100</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 <u>No</u> X If yes, mo/day/yr sample was submitted		Water Well Disinfected? Yes <u>No</u>			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <u>X</u> Clamped <u>Welded</u>			
1 Steel 3 RMP (SR)		7 Fiberglass			
② PVC 4 ABS		8 Concrete tile 9 Other (specify below)			
Blank casing diameter <u>5</u> in. to <u>85</u> ft. Dia <u>18</u> in. weight <u>SDR-26</u>		Threaded <u>SDR-26</u>			
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:		8 Saw cut 11 None (open hole)			
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 6 Wire wrapped 9 Drilled holes		10 Other (specify)			
2 Louvered shutter 4 Key punched 7 Torch cut					
SCREEN-PERFORATED INTERVALS: From <u>85</u> ft. to <u>100</u> ft.					
GRAVEL PACK INTERVALS: From <u>3</u> ft. to <u>85</u> ft.					
From <u>3</u> ft. to <u>85</u> ft.					
From <u>3</u> ft. to <u>AS requested</u> ft.					
6 GROUT MATERIAL: ① Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals: From <u>3</u> ft. to <u>85</u> ft.					
What is the nearest source of possible contamination: <u>Required by Waiver</u>		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>HOUSE</u>					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard					
Direction from well? <u>North West</u>		How many feet? <u>10</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>3</u>	<u>Top Soil</u>	<u>98</u>	<u>100</u>	<u>Shale PK Gray</u>
<u>3</u>	<u>38</u>	<u>Shale Yel</u>			
<u>38</u>	<u>40</u>	<u>LIME White</u>			
<u>40</u>	<u>47</u>	<u>Shale Yel</u>			
<u>47</u>	<u>51</u>	<u>LIME Lite</u>			
<u>51</u>	<u>69</u>	<u>Shale Gray</u>			
<u>69</u>	<u>73</u>	<u>LIME Lite Gray</u>			
<u>73</u>	<u>78</u>	<u>Red Rock</u>			
<u>78</u>	<u>79</u>	<u>LIME</u>			
<u>79</u>	<u>82</u>	<u>Red Rock</u>			
<u>82</u>	<u>83</u>	<u>LIME</u>			
<u>83</u>	<u>85</u>	<u>Shale Soft Gray</u>			
<u>85</u>	<u>87</u>	<u>LIME Hard</u>			
<u>87</u>	<u>88</u>	<u>FRAC. LIME TAN</u>			
<u>88</u>	<u>98</u>	<u>LIME Gray</u>			
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>MAY 29-99</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>Jan 1 99</u>					
under the business name of <u>ZINN Water Well Drng</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.					