

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>NE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>12</u>	T <u>17</u> S	R <u>5</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1 1/2 East &amp; 1 3/4 N of Burdick</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : <u>2032 S 2600 Rd</u>		Application Number:			
City, State, ZIP Code : <u>Burdick, KS 66838</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>50</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>30</u> ft. 2. <u>25</u> ft. 3. <u>50</u> ft.			
		WELL'S STATIC WATER LEVEL <u>25</u> ft. below land surface measured on mo/day/yr <u>Dec 7 02</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>20</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>7 7/8</u> in. to <u>25</u> ft. and <u>6 1/2</u> in. to <u>50</u> ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)			
		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:					
<input type="checkbox"/> 1 Steel <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole)	
Blank casing diameter <u>5</u> in. to <u>25</u> ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.					
Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 2 Brass <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 4 Galvanized steel		<input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 9 ABS		<input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify)		<input type="checkbox"/> 11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <u>25</u> ft. to <u>50</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>10</u> ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
<input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other					
Grout Intervals: From <u>3</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 6 Seepage pit		<input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 9 Feedyard		<input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 16 Other (specify below) <u>House</u>	
Direction from well? <u>NW</u>		How many feet? <u>60'</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>5</u>	<u>Top Soil</u>			
<u>5</u>	<u>19</u>	<u>Shale TAN</u>			
<u>19</u>	<u>20</u>	<u>LIME TAN</u>			
<u>20</u>	<u>25</u>	<u>Shale TAN</u>			
<u>25</u>	<u>28</u>	<u>Frac Lime TAN</u>			
<u>28</u>	<u>30</u>	<u>Shale Gray</u>			
<u>30</u>	<u>34</u>	<u>LIME Gray</u>			
<u>34</u>	<u>45</u>	<u>Shale Gray</u>			
<u>45</u>	<u>50</u>	<u>LIME</u>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>Dec 7 02</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>210</u> This Water Well Record was completed on (mo/day/yr) <u>Dec 26 02</u> under the business name of <u>Zinn Water Well Dcrg</u> by (signature) <u>Joseph A. Zinn</u>					