

WATER WELL RECORD Form WWC-5 KSA 82a-1212					
1 LOCATION OF WATER WELL: County: <u>Morris</u>		Fraction <u>NW 1/4 SE 1/4 SW 1/4</u>	Section Number <u>3</u>	Township Number <u>T 17 S</u>	Range Number <u>R 8 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>4 mile South 1/2 mile West of Council Grove</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # City, State, ZIP Code		Board of Agriculture, Division of Water Resources Application Number:			
ANDY OLSON 1097 Four Mile Road Council Grove, KS 66846					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>20</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>13</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>10</u> ft. below land surface measured on mo/day/yr <u>Mar 7, 99</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>10</u> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm			
Bore Hole Diameter <u>8 3/8</u> in. to <u>18</u> in. and <u>6 1/2</u> in. to <u>20</u> in.					
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 _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____		Water Well Disinfected? ☒ Yes _____ No			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <u>X</u> , Clamped _____			
☒ 1 Steel ☐ 3 RMP (SR) ☒ 2 PVC ☐ 4 ABS		☐ 5 Wrought iron ☐ 6 Asbestos-Cement ☐ 7 Fiberglass ☐ 8 Concrete tile ☐ 9 Other (specify below) ☐ Welded ☐ Threaded			
Blank casing diameter <u>5</u> in. to <u>13</u> in. Dia _____ in. to _____ in.		Casing height above land surface <u>18</u> in. weight _____ lbs./ft. Wall thickness or gauge No. <u>SDA-26</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:		☒ 7 PVC ☐ 10 Asbestos-cement			
☐ 1 Steel ☐ 3 Stainless steel ☐ 5 Fiberglass ☐ 8 RMP (SR) ☐ 2 Brass ☐ 4 Galvanized steel ☐ 6 Concrete tile ☐ 9 ABS ☐ 11 Other (specify) _____		☒ 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 ☐ 2 Louvered shutter ☐ 4 Key punched ☐ 6 Wire wrapped ☐ 9 Drilled holes		☐ 7 Torch cut ☐ 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS:		From <u>13</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
6 GROUT MATERIAL:		☒ 1 Neat cement ☐ 2 Cement grout ☐ 3 Bentonite ☐ 4 Other _____			
Grout intervals: From <u>3</u> ft. to <u>12</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) <u>Creek</u> ☐ 13 Insecticide storage			
Direction from well? <u>East</u>		How many feet? <u>50</u>			
LITHOLOGIC LOG		PLUGGING INTERVALS			
FROM	TO			FROM	TO
<u>0</u>	<u>3</u>	<u>Top Soil</u>			
<u>3</u>	<u>7</u>	<u>Shale Gray</u>			
<u>7</u>	<u>10</u>	<u>Shale Red</u>			
<u>10</u>	<u>13</u>	<u>SANDY</u>			
<u>13</u>	<u>15</u>	<u>Gravel</u>			
<u>15</u>	<u>18</u>	<u>Some Lime Frac</u>			
<u>18</u>	<u>20</u>	<u>Shale DK 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>Mar 7-99</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>Mar 16-99</u> under the business name of <u>Zinn Water Well Only</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.					