

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>SW 1/4 NW 1/4 SE 1/4</u>	<u>33</u>	<u>T17 S</u>	<u>R9 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2 mile West &amp; 3 mile South of Dunlap @ Lake Kahola</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		Application Number:			
City, State, ZIP Code :		<u>Marshallan KS 66502</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>80</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>19</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>11</u> ft. below land surface measured on mo/day/yr <u>Jun 13 95</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>6</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8 7/8</u> in. to <u>17</u> ft. and <u>6 7/8</u> in. to <u>80</u> ft.			
		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 <input type="checkbox"/> 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:		CASING JOINTS: Glued <u>X</u> Clamped _____			
1 Steel		3 RMP (SR)		Welded _____	
2 PVC		4 ABS		Threaded _____	
Blank casing diameter <u>5</u> in. to <u>19</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface <u>10</u> in. weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR-26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC    10 Asbestos-cement			
1 Steel		3 Stainless steel		11 Other (specify) _____	
2 Brass		4 Galvanized steel		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		9 Drilled holes	
2 Louvered shutter		4 Key punched		10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:		From <u>19</u> ft. to <u>80</u> ft. From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
6 GROUT MATERIAL:		4 Other _____			
1 Neat cement		2 Cement grout		3 Bentonite	
Grout Intervals: From <u>3</u> ft. to <u>17</u> ft. From _____ ft. to _____ 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		11 Fuel storage    15 Oil well/Gas well	
2 Sewer lines		5 Cess pool		12 Fertilizer storage    16 Other (specify below)	
3 Watertight sewer lines		6 Seepage pit		13 Insecticide storage <u>Cabin</u>	
Direction from well? <u>South</u>		How many feet? <u>60</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	aluminum			
3	6	Shale Green			
6	9	LIME TAN			
9	22	Shale Yel			
22	25	LIME TAN			
25	26	Shale Gray			
26	30	LIME TAN			
30	37	Shale Gray			
37	42	LIME TAN			
42	40	Shale Green			
40	52	Coal & Dk Shale			
52	54	LIME Gray			
54	68	Shale Dk Gray			
68	71	LIME Gray			
71	80	Shale Gray			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>Jun 13 95</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>Jun 25 95</u>			
under the business name of <u>Zinn Water Well Dring</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.					

OFFICE USE ONLY

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