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|--|----|--|----------------|-----------------|----------------------|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
| County: <u>Morris</u> | | <u>SW 1/4 NE 1/4 SE 1/4</u> | <u>27</u> | <u>T 17 S</u> | <u>R 9 EW</u> |
| Distance and direction from nearest town or city street address of well if located within city? <u>1 1/2 Mile West of 2 South of Dunlap</u> <u>Well 5-B</u> | | | | | |
| 2 WATER WELL OWNER: | | Board of Agriculture, Division of Water Resources | | | |
| RR#, St. Address, Box # | | Application Number: | | | |
| City, State, ZIP Code | | <u>Council Grove KS 66843</u> | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL: <u>61</u> ft. ELEVATION: | | | |
| | | Depth(s) Groundwater Encountered 1. <u>15</u> ft. 2. _____ ft. 3. _____ ft. | | | |
| | | WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on mo/day/yr <u>Oct 23 92</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>9</u> in. to <u>13</u> ft., and _____ in. to _____ ft. | | | |
| WELL WATER TO BE USED AS: | | 5 Public water supply 8 Air conditioning 11 Injection well <input checked="" type="checkbox"/> 1 Domestic <u>Later</u> <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> | | If yes, mo/day/yr sample was submitted _____ | | | |
| 5 TYPE OF BLANK CASING USED: | | CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ | | | |
| 1 Steel 3 RMP (SR) | | Welded _____ | | | |
| 2 PVC 4 ABS | | Threaded _____ | | | |
| Blank casing diameter <u>5</u> in. to <u>14</u> 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: | | 7 PVC 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 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ | | | |
| SCREEN-PERFORATED INTERVALS: From <u>14</u> ft. to <u>60</u> ft. | | From _____ ft. to _____ ft. | | | |
| GRAVEL PACK INTERVALS: From <u>NONE</u> 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>13</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 7 Pit privy 11 Fuel storage 15 Oil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) <u>Pasture</u> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage | | | |
| Direction from well? <u>Within</u> | | How many feet? <u>Within</u> | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
| 0 | 4 | Top soil BLK | 39 | 45 | Lime or Gyp White |
| 4 | 12 | Clay TAN | 45 | 53 | Shale Gray |
| 12 | 14 | Silt BLK | 53 | 56 | LIME Lite Gray |
| 14 | 15 | Aluvium | 56 | 58 | Shale Gray |
| 15 | 19 | Shale Gray | 58 | 59 | LIME Lite |
| 19 | 21 | LIME Lite | 59 | 61 | Shale Dark of Gypsum |
| 21 | 23 | Shale Gray | | | |
| 23 | 24 | LIME Lite | | | |
| 24 | 27 | Shale Green | | | |
| 27 | 29 | LIME Lite | | | |
| 29 | 30 | Shale Green | | | |
| 30 | 33 | LIME Lite | | | |
| 33 | 35 | Shale Green | | | |
| 35 | 36 | LIME Lite | | | |
| 36 | 39 | Shale Gray | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>Oct 23 92</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>Oct 25 92</u> under the business name of <u>Zinn Water Well Drlg</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. | | | | | |

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