

1 LOCATION OF WATER WELL:		Fraction <u>NESE 1/4 NW 1/4 SE 1/4</u>	Section Number <u>EX-733</u>	Township Number <u>T 1617S</u>	Range Number <u>R 9 E 17N</u>
County: <u>Morris</u>					
Distance and direction from nearest town or city street address of well if located within city? <u>7 North 2 1/2 West of Council Grove Lot 21</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #:		Application Number:			
City, State, ZIP Code:		<u>Emporia KS 66801</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>52</u> ft. 2. <u>52</u> ft. 3. <u>52</u> ft.			
		WELL'S STATIC WATER LEVEL <u>13</u> ft. below land surface measured on mo/day/yr <u>Apr 27 88</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>5</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8</u> in. to <u>23</u> ft., and <u>6 1/2</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"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? <input checked="" type="checkbox"/> Yes    No			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____			
1 Steel    3 RMP (SR)		Welded _____			
<input checked="" type="checkbox"/> PVC    4 ABS		Threaded _____			
Blank casing diameter <u>5</u> in. to <u>26</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>14</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR-26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> 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:		5 Gauzed wrapped <input checked="" type="checkbox"/> Saw cut    11 None (open hole)			
1 Continuous slot    3 Mill slot    6 Wire wrapped    9 Drilled holes					
2 Louvered shutter    4 Key punched    7 Torch cut    10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>26</u> ft. to <u>80</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>NONE</u> ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement    2 Cement grout    3 Bentonite    4 Other _____					
Grout Intervals: From <u>3</u> ft. to <u>24</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)					
3 Watertight sewer lines    6 Seepage pit    9 Feedyard    13 Insecticide storage <u>Holding TANK</u>					
Direction from well? <u>South</u>		How many feet? <u>65</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Topsoil	62	63	Shale Gray
1	5	Aluvium	63	74	LIME Gray
5	7	LIME Frac	74	80	Shale BIK
7	9	Shale Yel			
9	13	LIME TAN			
13	21	Shale Yel			
21	24	Shale Gray			
24	30	LIME TAN			
30	38	Shale Gray			
38	44	LIME Gray			
44	50	Shale Gray			
50	52	Shale DK			
52	54	LIME Frac			
54	56	Shale Green			
56	62	LIME Gray			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>Apr 27 88</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>Apr 30 88</u> under the business name of <u>Zinn Water Well Dnlg</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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.					

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