

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$	<u>33</u>	<u>T 17</u> S	R <u>9</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>3 South and 2 1/2 West of Dunlap</u>					
2 WATER WELL OWNER: <u>Quane Higgins</u>					
RR#, St. Address, Box #: <u>6006 Anderson Ave</u>					
City, State, ZIP Code: <u>Manhattan, KS 66502</u>					
Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>95</u> ft. ELEVATION: _____ ft.			
		Depth(s) Groundwater Encountered 1. <u>11</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL: <u>10.5</u> ft. below land surface measured on mo/day/yr <u>May 30 90</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>3</u> gpm. Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter: <u>8 5/8</u> in. to <u>10</u> ft. and <u>7</u> in. to <u>9.5</u> ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="radio"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input type="radio"/> 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 _____			
		Water Well Disinfected? <input checked="" type="checkbox"/> Yes _____ No			
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ _____ _____ 7 Fiberglass _____ Threaded _____					
Blank casing diameter <u>5</u> in. to <u>11</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface <u>16</u> in. weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR-26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ _____ _____ _____ _____ 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes _____ _____ 7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>11</u> ft. to <u>95</u> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>NONE</u> ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input checked="" type="radio"/> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From <u>3</u> ft. to <u>10</u> ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) <u>Holding TANK</u> _____ _____ _____ 13 Insecticide storage _____					
Direction from well? <u>East</u> How many feet? <u>50</u>					
FROM		TO		LITHOLOGIC LOG	
0		3		Aluvium	
3		5		Clay TAN	
5		7		LIME Lite	
7		11		Shale Lite	
11		15		LIME TAN (cottonwood)	
15		26		Shale Lite Gray	
26		32		LIME Gray	
32		41		Shale Gray	
41		47		LIME Gray	
47		51		Shale Blue Green	
51		55		Shale DK Gray	
55		58		LIME Gray	
58		64		Shale Green	
64		68		LIME Lite Gray	
68		71		Shale Gray	
FROM		TO		PLUGGING INTERVALS	
71		78.9		LIME Lite Gray	
79		86		Shale Gray	
86		95		LIME Gray	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>May 30 90</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 1 90</u> under the business name of <u>Zinn Water Well Drllg</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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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