

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morris</u>		<u>SE 1/4 NW 1/4 NW 1/4</u>	<u>33</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>3 mile South &amp; 3 Mile West at Lake Kahola (From Dunlap)</u>					
2 WATER WELL OWNER: <u>Jean Simmons</u>					
RR#, St. Address, Box #: <u>Rt 3 Dunlap - Council Grove 66846</u> Board of Agriculture, Division of Water Resources					
City, State, ZIP Code: <u>Council Grove - 66846</u> Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>40</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>14</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>10</u> ft. below land surface measured on mo/day/yr <u>Apr 12-93</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>16</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8 5/8</u> in. to <u>11</u> ft. and <u>7</u> in. to <u>40</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 <u>X</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? <u>Yes</u> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued <u>X</u> Clamped _____ <input checked="" type="radio"/> 2 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded _____ 7 Fiberglass    Threaded _____					
Blank casing diameter <u>5</u> in. to <u>13</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>13</u> ft. to <u>40</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>12</u> ft. From _____ ft. to _____ 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>70</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top Soil Bk			
3	7	Shale Yel			
7	10	Lime Yel			
10	14	Shale Yel			
14	17	Lime Frac - Yel			
17	20	Shale Green			
20	28	Shale Gray			
28	35	Lime Lite TAN			
35	40	Shale 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>Apr 12-93</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>210</u> This Water Well Record was completed on (mo/day/yr) <u>May 2-93</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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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