

1 LOCATION OF WATER WELL
 County: Chase Fraction: NE 1/4 SW 1/4 NE 1/4 Section Number: 5 Township Number: T 18 S Range Number: R 9 EW
 Distance and direction from nearest town or city? 8 N on 57 6 E from Strong City Street address of well if located within city?

2 WATER WELL OWNER: Bob Linn
 RR#, St. Address, Box #: 1245 Santa Fe Trail Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Emporia, Kansas 66801 Application Number:

3 DEPTH OF COMPLETED WELL 75 ft. Bore Hole Diameter: 8 in. to 13 ft., and 6 1/4 in. to 7.5 ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Well's static water level: 18 ft. below land surface measured on JAN month 5 day 02 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 3 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)
 2 PVC 4 ABS 7 Fiberglass
 Blank casing dia: 5 in. to 18 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 18 in., weight _____ lbs./ft. Wall thickness or gauge No. 1214
TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 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 10 Other (specify) _____
 7 Torch cut
 Screen-Perforation Dia: 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 18 ft. to 75 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From NONE ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From 3 ft. to 13 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 13 Watertight sewer lines
 Direction from well: N How many feet: 50 ? Water Well Disinfected? Yes No
 Was a chemical/bacteriological sample submitted to Department? Yes No No If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes _____ No _____
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on JAN month 5 day 02 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 210
 This Water Well Record was completed on Mar month 25 day 02 year under the business name of Zinn Water Well Dring by (signature) Joseph A. Zinn

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Fill	40	42	Shale-Gray
3	7	Shale-Yel	42	46	LIME-Lib
7	10	LIME	46	49	Shale-Gray
10	18	Shale-Lite Green	49	57	LIME-Gray
18	23	LIME-Crevise	57	60	Shale-Gray
23	29	Shale-DK	60	61	LIME
29	30	LIME	61	68	Shale-Gray
30	31	Shale-DK	68	75	LIME-Hard
31	33	LIME			
33	35	Shale-Gray			
35	40	LIME			

ELEVATION: _____

Depth(s) Groundwater Encountered 1. 20 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T 18
R 9
EW
SEC
5
NE 1/4
SW 1/4
NE 1/4