

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <i>Chase</i>	<i>NW 1/4 NW 1/4 NW 1/4</i>	<i>West 1/2 18</i>	<i>T 19 S</i>	<i>R 8 E/W</i>

Distance and direction from nearest town or city street address of well if located within city?
3 mile West of Strong City

2 WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # :	Application Number:
City, State, ZIP Code : <i>Strong City Ks 66869</i>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <i>55</i> ft. ELEVATION:
	Depth(s) Groundwater Encountered 1. <i>17</i> ft. 2. ft. 3. ft.
	WELL'S STATIC WATER LEVEL: <i>.5</i> ft. below land surface measured on mo/day/yr <i>9 May 99</i>
	Pump test data: Well water was ft. after hours pumping gpm
	Est. Yield <i>3</i> gpm: Well water was ft. after hours pumping gpm
	Bore Hole Diameter: <i>12</i> in. to <i>16</i> ft., and <i>7 7/8</i> in. to <i>55</i> 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"/> Injection well <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..... If yes, mo/day/yr sample was submitted Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped
<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> Welded
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> Threaded
Blank casing diameter <i>5</i> in. to <i>17</i> ft., Dia.....in. toft., Dia.....in. toft.	Casing height above land surface <i>60</i> in., weight.....lbs./ft. Wall thickness or gauge No. <i>SDR-26</i>		
TYPE OF SCREEN OR PERFORATION MATERIAL:			
<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS
SCREEN OR PERFORATION OPENINGS ARE:			
<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)		
SCREEN-PERFORATED INTERVALS: From <i>17</i> ft. to <i>55</i> ft., From ft. to ft.			
GRAVEL PACK INTERVALS: From <i>17</i> ft. to <i>55</i> ft., From ft. to ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other
Grout Intervals: From <i>3</i> ft. to <i>17</i> ft., From ft. to ft., From ft. to ft.	What is the nearest source of possible contamination:			
<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input checked="" type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below)
Direction from well? <i>North</i>	How many feet? <i>55'</i>			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	8	<i>Black Dyst</i>			
8	17	<i>Red Shale or Clay</i>			
17	25	<i>SANDY Silt</i>			
25	36	<i>Mud Black</i>			
36	49	<i>Shale TAN</i>			
49	52	<i>LIME</i>			
52	53	<i>Blue/Red/Green</i>			
53	55	<i>LIME</i>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <i>MAY 9 99</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>218</i> This Water Well Record was completed on (mo/day/yr) <i>Jun 1 99</i> under the business name of <i>Zinn Water Well Drng</i> by (signature) <i>Joseph A. Zinn</i>	
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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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