

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Greenwood</u>		<u>SE 1/4 SW 1/4 NW 1/4</u>	<u>26</u>	<u>T 27 S</u>	<u>R 12 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>West Side of Fall River dam</u>					
2 WATER WELL OWNER:		RR#, St. Address, Box #		City, State, ZIP Code	
<u>Jim Cheever</u>		<u>PO Box 70 Jerry Kan</u>		<u>67137</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>292</u> ft. ELEVATION: <u>2235</u> ft.			
		Depth(s) Groundwater Encountered 1. <u>120</u> ft. 2. <u>2235</u> ft. 3. <u>2235</u> ft.			
		WELL'S STATIC WATER LEVEL <u>120</u> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>20</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8 1/2</u> in. to _____ ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation 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? Yes <input checked="" type="checkbox"/> No _____			
5 TYPE OF BLANK CASING USED:		5 Wrought iron		8 Concrete tile	
<input type="checkbox"/> 1 Steel <input checked="" type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below)		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ Welded _____ Threaded _____	
Blank casing diameter <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>18</u> in., weight <u>200</u> lbs./ft. Wall thickness or gauge No. <u>214</u>					
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"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile		<input type="checkbox"/> 7 PVC <input checked="" type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:		<input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS:		From <u>200</u> ft. to <u>292</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From _____ ft. to _____ ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
6 GROUT MATERIAL:		<input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____			
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		<input checked="" type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input 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) _____ <input type="checkbox"/> 13 Insecticide storage			
Direction from well? <u>E</u>		How many feet? <u>100</u>			
FROM	TO	LITHOLOGIC LOG		FROM	TO
0	2	Soil			
2	4	Rock			
4	25	Clay			
25	30	Shale			
30	90	Lime			
90	150	Shale			
150	292	Lime & Shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4/12/87</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>254</u> This Water Well Record was completed on (mo/day/yr) <u>5/19/87</u> under the business name of <u>Winterwell</u> by (signature) <u>Charles Winter</u>					