

1 LOCATION OF WATER WELL: County: Greenwood Fraction: NE 1/4 NE 1/4 SE 1/4 Section Number: 27 Township Number: T 27 S Range Number: R 12 E/W

Distance and direction from nearest town or city street address of well if located within city? 8 mile East 4 Mile North of Fall River

2 WATER WELL OWNER: US Corp of Engineers P.O. Box 37 Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: Fall River, KS 67047 Application Number: _____
City, State, ZIP Code: _____

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

N			
---	NW	---	NE
---		---	
---	SW	---	SE
S			

4 DEPTH OF COMPLETED WELL: 290 ft. ELEVATION: _____
Depth(s) Groundwater Encountered: 1. 240 ft. 2. _____ ft. 3. _____ ft.
WELL'S STATIC WATER LEVEL: 50 ft. below land surface measured on mo/day/yr
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield: 40 gpm; Well water was _____ ft. after _____ hours pumping _____ gpm
Bore Hole Diameter: 11 in. to _____ ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
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 Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes X No _____; If yes, mo/day/yr sample was submitted _____
Water Well Disinfected? Yes X No _____

5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
Blank casing diameter: 5 in. to 100 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface: 18 in., weight 160 lbs./ft. Wall thickness or gauge No. 214

TYPE OF SCREEN OR PERFORATION MATERIAL: 2 PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 100 ft. to 290 ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
Grout Intervals: From 0 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
2 Sewer lines 5 Cess-pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
Direction from well? N NE How many feet? 1000

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Soil			
2	8	Clay			
8	18	Clay & Rock			
18	22	Rock			
22	30	Rock & Clay			
30	35	Shale			
35	40	Shale & Lime			
40	270	Sand			
270	290	Lime & Shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 9/23/92 and this record is true to the best of my knowledge and belief. Kansas
Water Well Contractor's License No. 251 This Water Well Record was completed on (mo/day/yr) 10/21/92
under the business name of Winter Well Drilling by (signature) Charles Winter

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.