

1 LOCATION OF WATER WELL:		WATER WELL RECORD		Form WWC-3		KSA 62a-1212 ID NO.		Section Number		Township Number		Range Number	
County: <u>Belle Fourche</u>		Fraction		SE 1/4 NW 1/4 NE 1/4		24		T 27		S		R 2 EW	
Distance and direction from nearest town or city street address of well if located within city? <u>117 Chelmsford Ct. Belle Terre Addition</u>													
2 WATER WELL OWNER: <u>Lance Chastain</u>													
RR#, St. Address, Box # : <u>117 Chelmsford Ct</u>													
City, State, ZIP Code : <u>Wichita, Ks 67230</u>													
Board of Agriculture, Division of Water Resources													
Application Number:													
3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL: <u>105</u> ft. ELEVATION:													
AN "X" IN SECTION BOX:				Depth(s) Groundwater Encountered 1. <u>92</u> ft. 2. <u>9</u> ft. 3. <u>9</u> ft.									
				WELL'S STATIC WATER LEVEL <u>35</u> ft. below land surface measured on mo/day/yr <u>11-13-01</u>									
				Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm									
				Est. Yield <u>50</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm									
				Bore Hole Diameter: <u>8</u> in. to <u>105</u> 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 Domestic (lawn & garden) 10 Monitoring well													
Was a chemical/bacteriological sample submitted to Department? Yes. _____ No. <u>✓</u> ; If yes, mo/day/yr sample was submitted													
Water Well Disinfected? Yes <u>✓</u> No													
5 TYPE OF BLANK CASING USED:													
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued. _____ Clamped. _____													
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____													
7 Fiberglass _____ Threaded. _____													
Blank casing diameter <u>5</u> in. to <u>85</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.													
Casing height above land surface: <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR26</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) _____ ft.													
SCREEN-PERFORATED INTERVALS: From <u>85</u> ft. to <u>105</u> ft., From _____ ft. to _____ ft.													
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>105</u> ft., From _____ ft. to _____ ft.													
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 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:													
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)													
13 Insecticide storage <u>Storm Drain</u>													
Direction from well? <u>North</u> How many feet? <u>43</u>													
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS													
0 8 Brown Clay													
8 28 Red Clay/ Yellow Limestone													
28 46 Gray Shale													
46 47 Yellow Lime													
47 79 Gray Shale													
79 90 Red Shale													
90 105 Shale/Chert/Sand													
105 _____													
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) <u>11-13-01</u> and this record is true to the best of my knowledge and belief. Kansas													
Water Well Contractor's Licence No. <u>464</u> This Water Well Record was completed on (mo/day/yr) <u>11-30-01</u>													
under the business name of <u>Water Well Services</u> by (signature) <u>Robert E. Spang</u> <u>4 CTS</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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.													