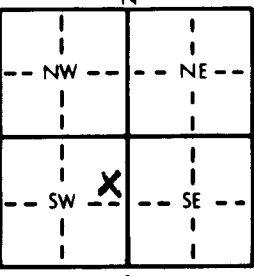


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Cowley</u>		<u>SE</u> 1/4 <u>NE</u> 1/4 <u>SW</u> 1/4	<u>18</u>	<u>T</u> <u>33</u> <u>S</u>	<u>R</u> <u>4</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2 miles N of Arkansas City at Strother Field Industrial Park</u>					
2 WATER WELL OWNER: <u>General Electric Co.</u>					
RR#, St. Address, Box # : <u>Strother Field Industrial Park, P.O. Box 797</u> Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : <u>Arkansas City, Kansas 67005</u> Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>23.0</u> ft. ELEVATION:			
<div style="text-align: center;"></div>		Depth(s) Groundwater Encountered 1. <u>18</u> ft. 2. <u>measuring point</u> ft. 3. <u>surface</u> ft.			
		WELL'S STATIC WATER LEVEL <u>16.52</u> ft. below <u>surface</u> measured on mo/day/yr <u>5/14/85</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>9-5/8</u> in. to <u>26.0</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)		<u>10 Observation well</u> <u>Monitoring</u>			
2 Irrigation 4 Industrial 7 Lawn and garden only		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____			
Water Well Disinfected? Yes _____ No <u>X</u>					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)		CASING JOINTS: Glued _____ Clamped _____			
<u>2</u> PVC 4 ABS 7 Fiberglass		Welded _____ Threaded <u>X</u>			
Blank casing diameter <u>2</u> in. to <u>13.0</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>24</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>Schedule 40</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		<u>7</u> PVC 10 Asbestos-cement			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____		12 None used (open hole)			
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 8 Saw cut 11 None (open hole)			
1 Continuous slot <u>3</u> Mill slot 6 Wire wrapped 9 Drilled holes		10 Other (specify) _____			
2 Louvered shutter 4 Key punched 7 Torch cut					
SCREEN-PERFORATED INTERVALS: From <u>13.0</u> ft. to <u>23.0</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>11.0</u> ft. to <u>20.0</u> ft., From _____ ft. to _____ ft.					
Formation Collapse From <u>20.0</u> ft. to <u>26.0</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite <u>4</u> Other <u>Cement/Bentonite</u>					
Grout Intervals: From <u>0</u> ft. to <u>11.0</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		11 Fuel storage 15 Oil well/Gas well			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage <u>16</u> Other (specify below)		<u>Industrial Activity</u>			
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage		How many feet? <u>100'</u>			
Direction from well? <u>all around</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0.0	0.5	Topsoil			
0.5	3.5	Dark brown silty clay, trace sand, moist, stiff			
3.5	7.0	Gray-brown silty clay, trace sand, moist, stiff			
7.0	13.0	Light gray silty clay, trace sand, moist, stiff			
13.0	18.0	Light gray sandy silty clay, moist, stiff			
18.0	26.0	Brown fine sand, wet, dense			
26.0	Total	Depth			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>5/2/85</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/yr) <u>6/15/85</u> under the business name of <u>Layne-Western Company, Inc.</u> by (signature) <u>Diana L. Dunbar</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					