

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Cowley</u>		NW ¼ SE ¼ SE ¼	<u>12</u> 18	T 33 S	R 4 <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city?					
<u>2 miles N of Ark. 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>30.0</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>22</u> ft. 2. <u>22</u> ft. 3. <u>22</u> ft.			
		WELL'S STATIC WATER LEVEL <u>20.84</u> ft. below <u>land surface</u> measured on <u>mo/day/yr</u> <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>34.5</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 Lawn and garden only 10 <u>Observation well</u> <u>Monitoring</u>			
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 _____ X _____					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____ X _____					
Blank casing diameter <u>2</u> in. to <u>20.0</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:					
1 Steel 3 Stainless steel 5 Fiberglass 7 <u>PVC</u> 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 <u>Mill slot</u> 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) _____					
SCREEN-PERFORATED INTERVALS: From <u>20.0</u> ft. to <u>30.0</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>16.5</u> ft. to <u>23.0</u> ft., From _____ ft. to _____ ft.					
Formation Collapse From <u>23.0</u> ft. to <u>34.5</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 <u>Other</u> <u>Cement/Bentonite</u>					
Grout Intervals: From <u>0</u> ft. to <u>16.5</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 <u>Other (specify below)</u> <u>Industrial Activity</u>					
Direction from well? <u>all around</u> How many feet? <u>100'</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0.0	0.5	Topsoil			
0.5	2.5	Dark brown silty clay, trace sand, moist, stiff			
2.5	7.5	Gray silty clay, trace sand, moist, stiff			
7.5	12.5	Red-brown silty clay, trace sand, moist, stiff			
12.5	21.0	Gray-brown sandy silty clay, moist, stiff			
21.0	24.5	Gray-brown fine sand, wet, medium dense			
24.5	34.5	Brown fine to medium sand, wet, medium dense			
34.5	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>5/9/85</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. Alunkaush</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.					

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