

1 LOCATION OF WATER WELL: County: <u>Cowley</u>		Fraction <u>NE</u> <u>1/4</u> <u>SE</u> <u>1/4</u> <u>SE</u> <u>1/4</u>		Section <u>19</u>	Township Number <u>T 33 S</u>	Range Number <u>R 4</u>	EW
Distance and direction from nearest town or city street address of well if located within city? <u>3,810 Feet North and 35 Feet West of the Southwest Corner of 20-33-4</u>					01928028		MW-2
2 WATER WELL OWNER: <u>Kansas Department of Health and Environment</u>					Board of Agriculture, Division of Water Resources		
RR#, St. Address, Box #: <u>Bureau of Water</u>					Application Number:		
City, State, ZIP Code: <u>Topeka, KS 66620-0001</u>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div><div>1 Mile</div><div><div>W</div><div><div><div><div>NW</div><div>NE</div><div>SW</div><div>SE</div></div><div><div>X</div></div></div><div>S</div></div></div></div>		4 DEPTH OF COMPLETED WELL <u>39.5</u> ft. ELEVATION: Approximate Surface Elevation: <u>1149</u> Depth(s) Groundwater Encountered <u>1</u> <u>18.0</u> ft. <u>2</u> ft. <u>3</u> ft. WELL'S STATIC WATER LEVEL <u>17.1</u> ft. below land surface measured on mo/day/yr <u>09/01/92</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>N/A</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>8.2</u> in. to <u>39.5</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <u>5</u> Public water supply <u>8</u> Air conditioning <u>11</u> Injection well <u>1</u> Domestic <u>3</u> Feedlot <u>6</u> Oil field water supply <u>9</u> Dewatering <u>12</u> Other (Specify below) <u>2</u> Irrigation <u>4</u> Industrial <u>7</u> Lawn and garden only <u>10</u> Monitoring well 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: <u>1</u> Steel <u>3</u> RMP (SR) <u>6</u> Asbestos-Cement <u>9</u> Other (specify below) <u>2</u> PVC <u>4</u> ABS <u>7</u> Fiberglass Blank casing diameter _____ in. to <u>29.5</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>-2</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>Schedule 40</u>		CASING JOINTS: <u>Glued</u> <u>Clamped</u> <u>Welded</u> <u>Threaded</u> <u>X</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL: <u>1</u> Steel <u>3</u> Stainless steel <u>5</u> Fiberglass <u>8</u> RMP (SR) <u>10</u> Asbestos-cement <u>2</u> Brass <u>4</u> Galvanized steel <u>6</u> Concrete tile <u>9</u> ABS <u>11</u> Other (specify) _____ <u>12</u> None used (open hole)		SCREEN OR PERFORATION OPENINGS ARE: <u>1</u> Continuous slot <u>3</u> Mill slot <u>5</u> Gauzed wrapped <u>8</u> Saw cut <u>11</u> None (open hole) <u>2</u> Louvered shutter <u>4</u> Key punched <u>6</u> Wire wrapped <u>9</u> Drilled holes <u>7</u> Torch cut <u>10</u> Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>29.5</u> ft. to <u>39.5</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		GRAVEL PACK INTERVALS: From <u>28.5</u> ft. to <u>39.5</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
3 GROUT MATERIAL: <u>1</u> Neat cement <u>2</u> Cement grout <u>3</u> Bentonite <u>4</u> Other Grout Intervals: From _____ ft. to <u>25</u> ft. From <u>25</u> ft. to <u>28.5</u> ft. From _____ ft. to _____ ft.		What is the nearest source of possible contamination: <u>1</u> Septic tank <u>4</u> Lateral lines <u>7</u> Pit privy <u>10</u> Livestock pens <u>14</u> Abandoned water well <u>2</u> Sewer lines <u>5</u> Cess pool <u>8</u> Sewage lagoon <u>11</u> Fuel storage <u>15</u> Oil well/Gas well <u>3</u> Watertight sewer lines <u>6</u> Seepage pit <u>9</u> Feedyard <u>12</u> Fertilizer storage <u>16</u> Other (specify below) _____ <u>13</u> Insecticide storage					
Direction from well?		How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS		
0.0	2.0	Lean Clay, Trace Silt, Dark Brown					
2.0	15.0	Lean Clay, Trace Silt, Brown					
15.0	18.0	Sandy Clay, Brown					
18.0	37.0	Fine Sand, Trace Coarse, Brown					
37.0	39.5	Shale, Gray					
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>09/01/92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>416</u> This Water Well Record was completed on (mo/day/yr) <u>09-14-92</u> under the business name of <u>Terracon Consultants, Inc.</u> by (signature) <u>Steve Fischer</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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.							

OFFICE USE ONLY

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