

K9410

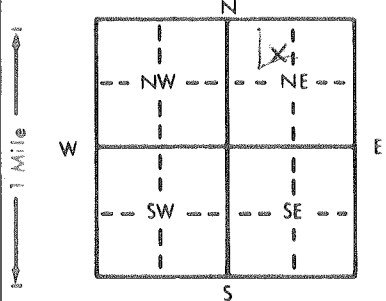
1 LOCATION OF WATER WELL: Fraction NE 1/4 NW 1/4 NE 1/4 Section Number 4 Township Number T 34 S Range Number R 25 EW
 County: CHEROKEE MO

Distance and direction from nearest town or city street address of well if located within city?

3 MILES NORTHEAST OF RIVERTON, KS

2 WATER WELL OWNER: MALCOLM PIRNIE, INC
 RR#, St. Address, Box #: 102 CORPORATE PARK, DRIVE Board of Agriculture, Division of Water Resource
 City, State, ZIP Code: WHITE PLAINS, NY 10602 Application Number: _____

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



4 DEPTH OF COMPLETED WELL: 37.3 ft. ELEVATION: 860

Depth(s) Groundwater Encountered 1. 13.6 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: 5.9 ft. below land surface measured on mo/day/yr 12-21-94

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: 8 in. to 17.3 ft., and 6 in. to 22.3 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 Observation well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No ✓; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes _____ No ✓

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____

1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____

2 PVC 4 ABS 7 Fiberglass _____ Threaded X

Blank casing diameter: 4 in. to 22.3 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: 32 in., weight 2.8 lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 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 41 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 _____ ft. to _____ 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 20.3 ft., From 20.3 ft. to 22.3 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 Industrial Sites/Area

Direction from well? Wells Located on IND. Site How many feet? N/A

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	SAND & GRAVEL			
3	14	SILTY CLAY			
14	16	SILTY SAND/SANDY CLAY			
16	17	CHERT			
17	37.3	LIMESTONE			

* 3" TO 37.3

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) 12-19-94 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 399 This Water Well Record was completed on (mo/day/yr) 12-21-95

under the business name of Woodward-Clyde Consultants by (signature) [Signature]

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.