

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Chautauque</u>		<u>NE 1/4 SE 1/4</u>	<u>3</u>	T <u>35</u> S	R <u>11</u> <u>EW</u>
Distance and direction from nearest town or city street address of well, if located within city? <u>corner of N.W. city limit of Chautauque</u>					
2 WATER WELL OWNER: <u>city of chautauque, KS.</u>					
RR#, St. Address, Box #: <u>Box 183</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code: <u>Chautauque KS 67334</u>				Application Number: <u>none available</u>	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>118</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. <u>32-36</u> ft. 2. <u>70-86</u> ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>58</u> ft. below land surface measured on mo/day/yr <u>12-7-87</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>8 1/2</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter: <u>12"</u> in. to <u>118'</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 Observation well			
Was a chemical/bacteriological sample submitted to Department? Yes ☒ No _____; If yes, mo/day/yr sample was submitted <u>first 6-9-87 10-22-87</u> Water Well Disinfected? Yes ☒ No _____					
5 TYPE OF BLANK CASING USED:					
☒ 1 Steel ☐ 3 RMP (SR) ☐ 6 Asbestos-Cement ☐ 9 Other (specify below) ☒ 2 PVC ☐ 4 ABS ☐ 7 Fiberglass _____					
Blank casing diameter <u>6"</u> in. to <u>72</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>50"</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>200</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
☐ 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:					
☐ 1 Continuous slot ☐ 3 Mill slot ☐ 6 Wire wrapped ☐ 8 Saw cut ☐ 11 None (open hole) ☐ 2 Louvered shutter ☐ 4 Key punched ☐ 7 Torch cut ☐ 9 Drilled holes _____					
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 <u>0</u> ft. to <u>72</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) <u>crude oil pit</u> ☐ 13 Insecticide storage <u>180'</u>					
Direction from well? <u>SE</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	soil			
2	7	yellow clay			
7	36	sand rock-yellow			
36	53	shale blue			
53	64	sand-grey			
64	70	sandy shale			
70	96	sand-white-8 1/2 GPM			
96	99	sandy shale			
99	112	sand-white-dry			
112	118	shale grey			
		T.D. 118'			
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>12-9-87</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>442</u> This Water Well Record was completed on (mo/day/yr) <u>12-9-87</u> under the business name of <u>C.B. Barnhill</u> by (signature) <u>Charles B. Barnhill</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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					

TREAT-RITE WATER LABORATORIES, INC.

P.O. Drawer 151
Nowata, Oklahoma 74048

water consultants since 1938

CUSTOMER NAME: CITY OF CHAUTAUQUA ATTN: Buddy Welch
CUSTOMER ADDRESS: Box 183 Chautauqua, KS 67334
SAMPLE DATE: Not given
LOCATION: City #1 Well, City #2 Well
LABORATORY NO.: 108711-0

LOCATION	PARAMETER	CONC. / UNITS
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L-11294 City #1 Well	Total Lead as Pb	.0012 mg/l
L-11295 City #2 Well	Total Lead as Pb	.0012 mg/l
Private well, approx. 550' S.W. of #1	Total Coliform	<1.0 c/100 ml

Mr. Welch -
The original of
this report was
mailed Oct. 29, 1987.
Sorry it got lost

Report Submitted By: Randy Dye