

WWS20

1	LOCATION OF WATER WELL: County: RILEY	Fraction NW 1/4 NW 1/4 SE 1/4	Section Number 14	Township Number T 6 S	Range Number R 4 E
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Distance and direction from nearest town or city street address of well if located within city?
FROM GREEN: 6 MILES NORTH AND 2.5 MILES EAST

2 WATER WELL OWNER: **ESTEBAN RIVERA**
 RR#, St. Address, Box # : **16255 SOUTH 1ST**
 City, State, ZIP Code : **OLSBURG, KS. 66520**
 Board of Agriculture, Division of Water Resources
 Application Number: _____

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

N			
W		X	E
S			

4 DEPTH OF COMPLETED WELL **142** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 **108** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **121** ft. below land surface measured on mo/day/yr **5/29/03**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **20** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes; 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
 PVC 4 ABS 7 Fiberglass Threaded
 Blank casing diameter **5** in. to **122** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **24** in., weight _____ lbs./ft. Wall thickness or gauge No. **SPR 26**
 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 11 None (open hole)
 1 Continuous slot 3 Mill slot **.030** 6 Wire wrapped 9 Drilled holes ft.
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ft.
 SCREEN-PERFORATED INTERVALS: From **122** ft. to **142** ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **25** ft. to **142** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grout Intervals: From **3** ft. to **25** 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)
MEADOW OF PASTURE
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	23	SHALE TAN			
23	55	SHALE RED GRADE TO TAN			
55	58	LIMESTONE TAN			
58	77	SHALE TAN			
77	108	SHALE RED			
108	112	LIMESTONE WHITE			
112	142	SHALE GRAY			
	142	TOTAL DEPTH			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **5/29/03** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No **585** This Water Well Record was completed on (mo/day/yr) **6/23/03** under the business name of **ASSOCIATED FOUNDATION INC** 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.