| | | | WATER | R WELL RECORD | Form WV | VC-5 KSA 82 | a-1212 | | |
|--|---|--|----------------------|------------------------------|---------------------------------------|---|------------------------------------|---|--|
| 1 LOCATI | ON OF WAT | TER WELL: | Fraction Su | | NW | Section Number | | Range Number | |
| County: | | rego | NAMO | NE 14 | SW 1/4 | | T 12 S | R 23 B(W) | |
| Distance a | and direction | from nearest tov | vn or city street ac | dress of well if locate | d within ci | ity? | | G | |
| | 500 North | Railroad Stre | et | | | 3 | | | |
| 2 WATE | R WELL OW | NER: | Eberle Texaco | | | | | | |
| RR#, St. | Address, Box | x # : | 500 North Rai | Iroad | | | Board of Agricultur | e, Division of Water Resources | |
| City, State, ZIP Code : WaKeeney, Ks. | | | | | | Application Number: | | | |
| 3 LOCAT | E WELL'S L | OCATION WITH | 4 DEPTH OF CO | OMPLETED WELL | .95 | ft. ELEVA | ATION:NA | | |
| AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1. NA | | | | | | | | | |
| ī | WELL'S STATIC WATER LEVEL 76.54 ft. below TOC measured on mo/day/yr | | | | | | | | |
| 1. | Pump test data: Well water was ft. after hours pumping gr | | | | | | | | |
| | Est. Yield gpm: Well water was hours pumping | | | | | | | | |
| • L | i | | Bore Hole Diame | ter.10in. to | | 100ft., | and | .in. to | |
| * w | X | ! | WELL WATER TO | | | water supply | | 11 Injection well | |
| 7 L | sw |] % | 1 Domestic | | | | 9 Dewatering | | |
| | 1 7 - 7 | 3 | 2 Irrigation | 4 Industrial | 7 Lawn a | nd garden only | 10)Monitoring well | • | |
| ↓ L | i | 1 | Was a chemical/b | acteriological sample | submitted | to Department? Y | 'es; If y | es, mo/day/yr sample was sub- | |
| | | | mitted | | | Wa | ater Well Disinfected? Yes | | |
| 5 TYPE | OF BLANK C | ASING USED: | | 5 Wrought iron | 8 Cc | oncrete tile | | ued Clamped | |
| 1 St | eel | 3 RMP (S | R) | 6 Asbestos-Cement | | her (specify below | | elded | |
| ② P\ | /C | 4 ABS | | 7 Fiberglass | | | | readed.X | |
| Blank casi | ng diameter | 4 | .in. to 70 | ft., Dia | in | ı. to | ft., Dia | in. to ft. | |
| Blank casing diameter | | | | | | | | | |
| TYPE OF | SCREEN OF | R PERFORATIO | N MATERIAL: | | G | PVC | 10 Asbestos-ce | | |
| 1 Ste | eel | 3 Stainless | s steel | 5 Fiberglass | 8 | RMP (SR) | 11 Other (speci | ify) | |
| 2 Bra | ass | 4 Galvaniz | ed 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 3Mill slot 6 Wire wrapped 9 Drilled holes | | | | | | | | | |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From. 70 ft. to 95 ft., From ft. to ft. | | | | | | | | | |
| From | | | | | | | | | |
| (| BRAVEL PAG | CK INTERVALS: | | | | | | t. toft. | |
| 1 | | | From | ft. to | <u> </u> | ft., Fro | | t. to ft. | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water | | | | | | | | | |
| 1 Septic tank 4 Lateral lines 7 Pit priv | | | | | 11) Fuel storage 15 Oil well/Gas well | | | | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage | | | | | | | | Other (specify below) | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage | | | | | | | • | 400 | |
| Direction f FROM | rom well? | | LITHOLOGIC L | OG | FROM | | ny feet? | INTERVALS | |
| 0 | 1 | dk bri | n cly-tr grvl | .00 | Inor | " | | oveground cover | |
| 1 | 21 | slty b | | | | | #000097 | 79 | |
| 21 | 28 | | c snd/tr f grvl | | | | | | |
| 28 | 36 | brn sl | | | 1 | | | | |
| 36 | 44 | | snd/tr f grvl | | | | | | |
| 44 | 58 | | cly mot wh, slt | y-sndy | | , | | | |
| 58 | 70 | | c snd/f to m gr | | | | | | |
| 70 | 73 | wh ca | | | 1 | | | | |
| 73 | 94 | | snd/f to m grvl | | | | | | |
| 94 | 100 | | cly, mod slty-sr | ndy | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Z CONTE | LL | ND I ANDOMANE | D'O CERTIFICATIO | Mr. This water well w | 20/(1) | estructed (2) read | postruoted or (2) plugged i | under my lurisdistion and was | |
| 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) | | | | | | | | | |
| | - | year) | 527 | This 14/ster 14 | | and this reco | ord is true to the best of my | 11-17-93 | |
| | | s License No Geo | ore Services. I | This Water W | en necord | hy /siass | tura) 1 2 00 | | |
| | business nar | | | | | | e the correct answers. Send top th | ree copies to Kansas Department | |
| of Heal | th and Environm | pewriter or ball point lent, Bureau of Water, | Topeka, Kansas 66620 | 0-0001. Telephone: 913-296-5 | 5545. Send or | ne to WATER WELL C | WNER and retain one for your rec | ords. | |