

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: Greeley	Fraction SW 1/4 NE 1/4 NE 1/4	Section Number 25	Township Number T 16 S	Range Number R 42 W
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Distance and direction from nearest town or city street address of well if located within city?
8 west, 12 north of Tribune, KS

2 WATER WELL OWNER: **Steele Farms**
 RR#, St. Address, Box # : **Rt 1 Box 57**
 City, State, ZIP Code : **Tribune, KS 67879**
 Board of Agriculture, Division of Water Resources
 Application Number: **11463**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 233 ft. ELEVATION: 3765	
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Depth(s) Groundwater Encountered 1. **187** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **187** ft. below land surface measured on mo/day/yr **3-21-92**

Pump test data: Well water was **225** ft. after **4** hours pumping **450** gpm

Est. Yield **450** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter **26** in. to **233** ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

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 Monitoring 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 CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter **12** in. to **213** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **12** in., weight _____ lbs./ft. Wall thickness or gauge No. **SDR 26**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From **213** ft. to **233** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **233** 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** 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)
			13 Insecticide storage	

Direction from well? **SE** How many feet? **290**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	16	top soil & sandy clay	207	215	sand (medium)
16	49	white sandy clay	215	216	clay
49	65	sandy clay	216	219	sand (medium)
65	82	sandy & clay streaks	219	220	clay
82	98	sand & clay mix	220	224	sand (medium)
98	103	sand & little clay	224	225	cemented sand (very hard)
103	114	sandy clay	225	230	yellow clay
114	132	cemented sand & little clay	230	233	shale
132	147	sandy clay			
147	164	cemented sand & little clay			
164	166	cemented sand			
166	170	clay			
170	180	sand (medium)			
180	196	sand (medium to coarse)			
196	207	sand (medium) & clay (1/2 & 1/2)			

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) **3-21-92** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **473** This Water Well Record was completed on (mo/day/yr) **3-31-92** under the business name of **Tyler Water Well Service** 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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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