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

1 LOCATION OF WATER WELL: County: Greeley | Fraction: NE ¼ SW ¼ NE ¼ | Section Number: 1 | Township Number: T 17 S | Range Number: R 41 E/W

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

2 WATER WELL OWNER: Friend Stevenson

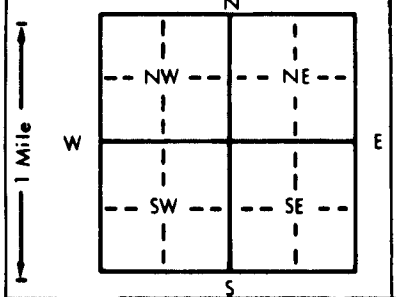
RR#, St. Address, Box # :

City, State, ZIP Code : Tribune, KS 67879

Board of Agriculture, Division of Water Resources

Application Number:

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



4 DEPTH OF COMPLETED WELL. . . 160 . . . . . ft. ELEVATION: . . . . . .

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

WELL'S STATIC WATER LEVEL 110 . . . . . ft. below land surface measured on mo/day/yr . . . . . .

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 . . . . . in. to . . . . . ft., and . . . . . in. to . . . . . ft.

WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below)

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: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) . . . . . CASING JOINTS: Glued . . . . . Clamped . . . . . Welded . . . . . Threaded . . . . . .

Blank casing diameter . . 5 . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.

Casing height ~~above~~ land surface . . . . 12 . . . . . in., weight . . . . . lbs./ft. Wall thickness or gauge No. . . . . .

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) . . . . . NA . . . . . 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) . . . . . NA . . . . . 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From . . . NA . . . ft. to . . . NA . . . ft., From . . . . . ft. to . . . . . ft.

From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

GRAVEL PACK INTERVALS: From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other . . . . . .

Grout Intervals: From . . . 30 . . . ft. to . . . . 6 . . . ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) . . . . . NONE . . . . . .

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
160	110	Chlorinated Gravel			
110	80	Bentonite Chips			
80	30	Clay			
30	-0	Cement			

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) . . . 7/27/92 . . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. KS-300 . . . . . This Water Well Record was completed on (mo/day/yr) . . . 7/30/92 . . . . . under the business name of Fulton Drilling Co. by (signature) Ann Fulton

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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼