

39248

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

PLUGGING REPORT

1 LOCATION OF WATER WELL:		Fraction <u>1420 PSL 110 FWL</u>	Section Number <u>30</u>	Township Number <u>T 19 S</u>	Range Number <u>R 14 EW</u>
County: <u>BARTON</u>		<u>SW 1/4 NW 1/4 SW 1/4</u>			
Distance and direction from nearest town or city street address of well if located within city? <u>GREAT BEND 1/2 N - 6 WEST 2/3 SOUTH SIDE</u>					
2 WATER WELL OWNER: <u>TRACY GUTIERREZ</u>					
RR#, St. Address, Box #: <u>1438 BROADWAY</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <u>GREAT BEND, KS 67530</u>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>130</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>65</u> ft. 2. <u>103</u> ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>35</u> ft. below land surface measured on mo/day/yr <u>7-6-84</u>			
		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:			
		5 Public water supply 8 Air conditioning 11 Injection well 1 <u>Domestic</u> 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 _____			
		Water Well Disinfected? Yes _____ No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
				8 Concrete tile	
				9 Other (specify below)	
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				CASING JOINTS: Glued _____ Clamped _____	
Casing height above land surface: <u>3' BELOW</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____				Welded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:				Threaded _____	
1 Steel		3 Stainless steel		7 PVC	
2 Brass		4 Galvanized steel		10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:				5 Gauzed wrapped	
1 Continuous slot		3 Mill slot		6 Wire wrapped	
2 Louvered shutter		4 Key punched		7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:		From _____ ft. to _____ 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 <u>100</u> ft. to <u>90</u> ft., From <u>13</u> ft. to <u>3</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:				10 Livestock pens	
1 Septic tank		4 Lateral lines		11 Fuel storage	
2 Sewer lines		5 Cess pool		12 Fertilizer storage	
3 Watertight sewer lines		6 Seepage pit		13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well?				How many feet?	
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
130	100	SANDY GRAVEL	4.16		
100	90	CEMENT NEAT	2 1/3		
90	35	ROAD GRAVEL	7.63		
35	13	CLAY	3.05		
13	3	CEMENT NEAT	2 1/3		
3	0	TOP SOIL			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>7-6-84</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>389</u> This Water Well Record was completed on (mo/day/yr) _____ under the business name of <u>REISER WATER WELL SERV INC.</u> by (signature) <u>Reider</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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SW 1/4 NW 1/4 SW 1/4

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