

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																																											
County: <b>McPherson</b>		SW ¼ SW ¼ NW ¼		21		T 19 S		R 3 E/W																																																																																											
Distance and direction from nearest town or city street address of well if located within city? <b>1340 N. Main, McPherson</b>																																																																																																			
2 WATER WELL OWNER: <b>El Paso Corporation</b>																																																																																																			
RR#, St. Address, Box # : <b>2 N. Nevada, Room 408</b>					Board of Agriculture, Division of Water Resources																																																																																														
City, State, ZIP Code : <b>Colorado Springs, Colorado 80903</b>					Application Number:																																																																																														
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL <b>110</b> ft ELEVATION: <b>1502.89</b>																																																																																																
			Depth(s) Groundwater Encountered 1. _____ ft 2. _____ ft 3. _____ ft																																																																																																
			WELL'S STATIC WATER LEVEL _____ ft below land surface measured on mo/day/yr																																																																																																
			Pump test data: Well water was <b>NA</b> ft after _____ hours pumping _____ gpm																																																																																																
			Est. Yield <b>NA</b> gpm: Well water was _____ ft after _____ hours pumping _____ gpm																																																																																																
			Bore Hole Diameter <b>8.25</b> in. to <b>114</b> ft, and _____ in. to _____ ft																																																																																																
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well																																																																																																			
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)																																																																																																			
2 Irrigation 4 Industrial 7 Lawn and garden only <b>10 Monitoring well</b>																																																																																																			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted																																																																																																			
Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>																																																																																																			
5 TYPE OF BLANK CASING USED:																																																																																																			
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____																																																																																																			
<b>2</b> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____																																																																																																			
7 Fiberglass _____ Threaded <input checked="" type="checkbox"/>																																																																																																			
Blank casing diameter _____ in. to _____ ft, Dia _____ in. to _____ ft, Dia _____ in. to _____ ft																																																																																																			
Casing height above land surface <b>-5.64</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>																																																																																																			
TYPE OF SCREEN OR PERFORATION MATERIAL																																																																																																			
<b>7</b> 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 <b>3</b> Mill slot 6 Wire wrapped 9 Drilled holes																																																																																																			
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____																																																																																																			
SCREEN-PERFORATED INTERVALS: From <b>80</b> ft to <b>110</b> ft, From _____ ft to _____ ft																																																																																																			
From _____ ft to _____ ft, From _____ ft to _____ ft																																																																																																			
GRAVEL PACK INTERVALS: From <b>77</b> ft to <b>114</b> ft, From _____ ft to _____ ft																																																																																																			
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6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <b>3</b> Bentonite <b>4</b> Other Concrete																																																																																																			
Grout Intervals: From <b>0</b> ft to <b>2</b> ft, From <b>2</b> ft to <b>77</b> 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? _____ How many feet? _____																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>Clay, silty, Dark Brown</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>12</td> <td>Clay, v. sl. silty, Brown</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12</td> <td>29</td> <td>Clay, sl. silty, Brown to Red Brown</td> <td></td> <td></td> <td></td> </tr> <tr> <td>29</td> <td>41</td> <td>Clay, v. silty, Lt. Red Brown</td> <td></td> <td></td> <td></td> </tr> <tr> <td>41</td> <td>47</td> <td>Clay, v. sl. silty, Lt. Red Brown</td> <td></td> <td></td> <td></td> </tr> <tr> <td>47</td> <td>62</td> <td>Clay, Lt. Gray mottled Yellow Brown in part</td> <td></td> <td></td> <td></td> </tr> <tr> <td>62</td> <td>82</td> <td>Clay, sl. silty, Lt. Gray</td> <td></td> <td></td> <td></td> </tr> <tr> <td>82</td> <td>86</td> <td>Sand, vf-c w/intbd clay stringers,</td> <td></td> <td></td> <td></td> </tr> <tr> <td>86</td> <td>97</td> <td>Sand, vf-c, Lt. Gray to varicolored</td> <td></td> <td></td> <td></td> </tr> <tr> <td>97</td> <td>103</td> <td>Clay, Dark to Lt. Gray</td> <td></td> <td></td> <td></td> </tr> <tr> <td>103</td> <td>105</td> <td>Sand, vf-c,</td> <td></td> <td></td> <td></td> </tr> <tr> <td>105</td> <td>107</td> <td>Clay, sandy, Lt. Gray</td> <td></td> <td></td> <td></td> </tr> <tr> <td>107</td> <td>114</td> <td>Clay, sandy, Lt. Brown</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>MW16, Flushmount</td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2	Clay, silty, Dark Brown				2	12	Clay, v. sl. silty, Brown				12	29	Clay, sl. silty, Brown to Red Brown				29	41	Clay, v. silty, Lt. Red Brown				41	47	Clay, v. sl. silty, Lt. Red Brown				47	62	Clay, Lt. Gray mottled Yellow Brown in part				62	82	Clay, sl. silty, Lt. Gray				82	86	Sand, vf-c w/intbd clay stringers,				86	97	Sand, vf-c, Lt. Gray to varicolored				97	103	Clay, Dark to Lt. Gray				103	105	Sand, vf-c,				105	107	Clay, sandy, Lt. Gray				107	114	Clay, sandy, Lt. Brown									MW16, Flushmount
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7 CONTRACTORS OR LANDOWNER'S CERTIFICATION: This water well was <b>1</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>6/2/2015</b> and this record is true to the best of my knowledge and belief.																																																																																																			
Kansas Water Well Contractor's License No. <b>527</b> This Water Well Record was completed on (mo/day/yr) <b>6/11/2015</b>																																																																																																			
under the business name of <b>GeoCore, Inc.</b> by (signature) <i>Don Hill</i>																																																																																																			
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

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