| | | | WA ⁻ | ER WELL RECORD | | | | | | |
|---|--|--------------------------|---------------------------|--------------------------|------------------|--|---------------------------------------|---------------------------------------|---------------------------------------|--|
| 1 1 | | ATER WELL: | Fraction | | | Section Numb | | mber | Range Number | |
| | McPher | | SE 3 | | SE 1/4 | 29 | T 19 | s | R 4 EW | |
| 1 | | | • | t address of well if loo | cated within c | ity? | Lat. 3 | 3.36254 | N | |
| ~75' N and 210' W of 8th Ave. & Kiowa Rd., Conway Long. 97.77822 W | | | | | | | | | | |
| 2 WATER WELL OWNER: Williams Mid-Continent Fractionation & Storage | | | | | | | | | | |
| RR#, St. Address, Box # 1372 7th Ave. Board of Agriculture, Division of Water Resource | | | | | | | | | | |
| City, State, ZIP Code : McPherson, Kansas 67460 | | | | | | | Application Number: | | | |
| | | LOCATION | 4 DEPTH OF (| COMPLETED WELL. | 25 | ft. ELE | EVATION: | | | |
| WITH. | AN "X" IN S | SECTION BOX: N | Depth(s) Grou | ndwater Encountered | 1 | | ft. 2 | ft. 3 | | |
| ⊼ | | | 1 ' ' ' | | | | | | | |
| ļΤ | ! | | | | | | | | ping gpm | |
| | NW NE St. Yield NA gpm: Well water was | | | | | | | | | |
| <u>ə</u> | Bore Hole Diameter 8. in. to 25ft, andin. to | | | | | | | | | |
| W ⊠ie | W E WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | | | | |
| | | | 1 Domestic | | | | - | | ther (Specify below) | |
| | ~ ~ SW ~ ~ | - SE | 2 Irrigation | | | | _ | | | |
| | 1 | | | | | | | | mo/day/yr sample was | |
| <u>▼</u> L | | <u> X</u> | submitted | ar bacter lological sair | ipic odbinitio | | Vater Well Disinfected | - | No √ | |
| E TYPE | OE BLANK | S CASING USED: | | 5 Wrought iron | 8 Cc- | | | | Clamped | |
| Ľ | | 3 RMP (SI | | 6 Asbestos-Cemer | | er (specify be | | | d Ciamped , , , . i | |
| 1 S | | , | Γ) | | | ` | • | | led. ✓ | |
| 2° | | 4 ABS | : 4- | 7 Fiberglass | | | # Die | | · · · · · · · · · · · · · · · · · · · | |
| | - | | | | | | | | in. to ft. | |
| 1 | • | | | . in., weight | | | | | | |
| | | R PERFORATION | | | 7 5 | | | stos-cemer | | |
| 1 S | | 3 Stainless | | 5 Fiberglass | | | | | | |
| t – – | rass | | red steel | | 9 A | | | used (ope | <i>'</i> | |
| | | RATION OPENIN | | | zed wrapped | | 8 Saw cut | | 11 None (open hole) | |
| | Continuous s | | fill slot | | e wrapped | | 9 Drilled holes | | | |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 13. ft. to 23. ft., From ft. to ft. From ft. to ft., From ft. to ft. | | | | | | | | | | |
| | | | From | ft. to. | | ft., F | rom | ft. to |) ft. | |
| (| GRAVEL PA | CK INTERVALS: | | | | | | |) ft. | |
| | | | From | ft. to . | | | rom | ft. to | o ft. | |
| 6 GROU | T MATERIA | L: 1 Neat | | 2 Cement grout | (3)Ber | | | | | |
| Grout Intervals: From | | | | | | | | | | |
| What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well | | | | | | | | | andoned water well | |
| 1 Sep | tic tank | 4 Later | al lines 7 Pit privy | | | (11) Fue | 11) Fuel storage 15 Oil well/Gas well | | | |
| 2 Sew | er lines | 5 Cess | s pool 8 Sewage lagoon | | | 12 Fertilizer storage 16 Other (specify below) | | | | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage | | | | | | | | | | |
| Direction | from well? | NE | | - | | How ma | any feet? 75 | | | |
| FROM | ТО | | LITHOLOGIC | LOG | FROM | ТО | | GING INT | ERVALS | |
| 0 | 7 | Hydroexcava | ted - No Sam | ole, | | | | | | |
| 7 | 15 | Clay, silty, Re | | | | | | | | |
| 15 | 17 | | | t., Red Brown | | | | | | |
| 17 | 25 | Shale, Red Br | | | | | | | | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | |
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| | | | | | | + | TV18 Abauared | | | |
| | | | | | | | TX1S, Abovegrade | | | |
| | | | | | | + | | | | |
| | | | | | | 1 | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction | | | | | | | | | | |
| | • | n (mo/day/year) . | | 9/27/2012 | | | record is true to the be | - | nowledge and belief. | |
| Kansas W | ater Well C | ontractor's Licens | se No | . , 52 7 ТІ | nis Water We | | completed on (mo/da | ay/yr) 🔑 🖠 | (1.[1.[1.5 | |
| under the | business na | ıme of | Ge | oCore, Inc. | | by (sign | ature) // // | e Al | | |
| INSTRU | UCTIONS: Us | e typewriter or ball poi | int pen. <i>PLEASE Pi</i> | RESS FIRMLY and PRINT | clearly. Please | fill in blanks, und | erline or circle the correct a | nswers. Sen | d top three copies to Kansas | |
| Departr | ment of Health | and Environment, But | reau of Water, Topel | a, Kansas 66620-0001. Te | elephone: 913-29 | 6-5545. Send or | e to WATER WELL OWNE | :R and retain | one for your records. | |