| | | | WATE | R WELL RECORD | Form WWC- | | | | |
|---|---|-----------------|----------------|-----------------------|--|-------------------------|-----------------------------------|--------------------------|--|
| 1 LOCATION OF WATER WELL: | | | Fraction | | | ction Numbe | | Range Number | |
| County: Edwards | | | SW 1/4 | | NE 1/4 | 31 | T 24 S | R 19 BW | |
| Distance and direction from nearest town or city street address of well if located within city? 402 US Highway 56, Kinsley | | | | | | | | | |
| 2 WATE | R WELL O | WNER: Crop P | roduction Serv | vices, Inc. | | | | | |
| RR#, St. Address, Box # : 7251 W. 4th St. Board of Agriculture, Division of Water Resou | | | | | | | | ision of Water Resources | |
| City, State, ZIP Code Greeley, CO 80634 | | | | | | Application Number: | | | |
| 3 LOCA | TE WELL'S | LOCATION | | OMPLETED WELL. | 1.6 | ft. ELE | VATION: | 2168.04 | |
| WITH. | WITH AN "X" IN SECTION BOX: Depth(c) Groundwater Encountered 1 ft 2 ft 3 | | | | | | | | |
| T r | WELL'S STATIC WATER LEVEL 8.43 ft. below land surface measured on mo/day/yr 4/21/2010 | | | | | | | | |
| | NA factor | | | | | | | | |
| | Pump test data: Well water was VA ft. after nours pumping gpn | | | | | | | | |
| <u>e</u> | Bore Hole Diameter 8. in. to 16. ft., and in. to in. to | | | | | | | | |
| W Wile | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | | | |
| ` | 1 | l I | 1 Domestic | | | | 9 Dewatering 12 | · 1 T | |
| l. I | sw | SE | 2 Irrigation | | | | | | |
| ↓ - | 1 | 1 | Was a chemical | l/bacteriological sam | ple submitted to | Departmer | nt? YesNo 🗸; If yes | s, mo/day/yr samble was | |
| <u> </u> | | S | submitted | | | | /ater Well Disinfecteu? Yes | No √ | |
| 5 TYPE | OF BLANK | CASING USED: | | 5 Wrought iron | 8 Concr | ete tile | CASING JOINTS: Glue | ed Clamped | |
| 1 S | | 3 RMP (SF | | 6 Asbestos-Cemen | | (specify be | low) Wel | ded | |
| (2)P | VC | 4 ABS | , | 7 Fiberglass | | · · · · · · · · · · · · | Thre | eaded. 🗸 | |
| | | r 2 | . in. to 6 | ft., Dia | in. | to | ft., Dia | in. to ft. | |
| Blank casing diameter | | | | | | | | | |
| | - | R PERFORATIO | | • | (7)PV | | 10 Asbestos-cen | nent | |
| 1 5 | teel | 3 Stainless | s steel | 5 Fiberglass | 8 RM | IP (SR) | 11 Other (specify | y) | |
| 2 B | rass | 4 Galvaniz | | | 9 AB | | 12 None used (o | pen hole) | |
| | | | | | | | | 11 None (open hole) | |
| 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes | | | | | | | | | |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From6ft. toft., Fromft. to | | | | | | | | | |
| From | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| | | | From | ft. to . | | | rom ft. | . to ft. | |
| 6 GROU | T MATERIA | L: 1 Neat | cement (2 | 2 Cement grout | (3)Bento | | 4 Other | | |
| Grout Intervals: From | | | | | | | | | |
| What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water w | | | | | | | | Abandoned water well | |
| 1 Sep | tic tank | 4 Later | ral lines | 7 Pit privy 11 | | 11 Fue | Fuel storage 15 Oil well/Gas well | | |
| 2 Sew | er lines | 5 Cess | | | 12 Fertilizer storage 16 Other (specify below) | | | | |
| 3 Wat | tertight sewe | er lines 6 Seep | page pit | ge pit 9 Feedyard | | | ecticide storage | | |
| | from well? | | | | | | any feet? | | |
| FROM | ТО | | LITHOLOGIC | LOG | FROM | то | PLUGGING | | |
| 0 | | Concrete, | | | | | | SEC | |
| 0.5 | 8 | Sand, f-c, Bro | | | | | | | |
| 8 | 12 | Sand, f-c, Gra | | | | | | | |
| 12 | 16 | Sand, f-c w/f- | m gravel, | | | | | | |
| | | | | | | | | | |
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| | | | | | | - | MOVIA (CD4 EV I | | |
| | | | | | | | MW1 / SB1 , Flushmount | | |
| | | | | | | - | | | |
| | | | | | | | | | |
| 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) | | | | | | | | | |
| | | | | | his Water Well | | . / 1 . // // // | , 5/13/2010 | |
| | business na | | | oCore, Inc. | | by (sign | | | |
| INSTRI Depart | 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. | | | | | | | | |