

1 LOCATION OF WATER WELL:	Fraction County: <u>Gray</u>	SE $\frac{1}{4}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number 2 <sup>+</sup>	T 26 S	Range Number R 28 E
Distance and direction from nearest town or city street address of well if located within city? <u>In town</u>					
2 WATER WELL OWNER:	<u>Brain Creelers Coop</u> RR#, St. Address, Box # : <u>804 N. Main</u>			Board of Agriculture, Division of Water Resources	
City, State, ZIP Code	<u>Cameron Ks</u>			Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>60</u> ft. ELEVATION: <u>52</u> Depth(s) Groundwater Encountered 1. <u>52</u> ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL <u>51.9</u> ft. below land surface measured on mo/day/yr <u>7-15-92</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 <u>6 1/8</u> in. to <u>100</u> 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 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
5 TYPE OF BLANK CASING USED:	1 Steel <u>2 PVC</u>	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input type="checkbox"/> Clamped <input checked="" type="checkbox"/>
	4 ABS		6 Asbestos-Cement	9 Other (specify below)	Welded <input type="checkbox"/>
			7 Fiberglass		Threaded <input checked="" type="checkbox"/>
Blank casing diameter <u>2.38</u> in. to <u>40</u> ft. Dia. in. to ft. Dia. in. to ft.					
Casing height above land surface <u>Flesh ground</u> in., weight lbs./ft. Wall thickness or gauge No. <u>SDR-13</u> <u>5/8 in 40</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:	1 Steel	3 Stainless steel	5 Fiberglass	7 PVD	10 Asbestos-cement
	2 Brass	4 Galvanized steel	6 Concrete tile		11 Other (specify) <input type="checkbox"/>
					12 None used (open hole) <input type="checkbox"/>
SCREEN OR PERFORATION OPENINGS ARE:	1 Continuous slot <u>3 Mill slot</u>	0.010	5 Gauzed wrapped	8 Saw cut	11 None (open hole) <input type="checkbox"/>
	2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
			7 Torch cut	10 Other (specify) <input type="checkbox"/>	
SCREEN-PERFORATED INTERVALS:	From <u>60</u>	ft. to <u>40</u>	ft., From	ft. to	ft.
	From	ft. to	ft., From	ft. to	ft.
GRAVEL PACK INTERVALS:	From <u>60</u>	ft. to <u>38</u>	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>38</u> ft. to <u>2</u> ft., From <u>2</u> ft. to <u>0</u> ft., From <u>0</u> ft. to <u>0</u> ft., From <u>0</u> ft. to <u>0</u> 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) <input type="checkbox"/>
Direction from well? <u>East</u>	How many feet? <u>30ft</u>				
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>.50</u>	<u>Concrete &amp; Gravel</u>			
<u>.50</u>	<u>44</u>	<u>Brown and plastic stiff silty clay</u>			
<u>44</u>	<u>52</u>	<u>to clayey silt</u>			
<u>52</u>	<u>60</u>	<u>Brown silty clay</u>			
		<u>Brown silty sandy clay, wet</u>			
		<u>very fine - fine sand</u>			
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) <u>7-15-92</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>539</u> This Water Well Record was completed on (mo/day/yr) <u>9-12-92</u> by (signature) <u>James Becker</u>					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FAIRLY 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.					