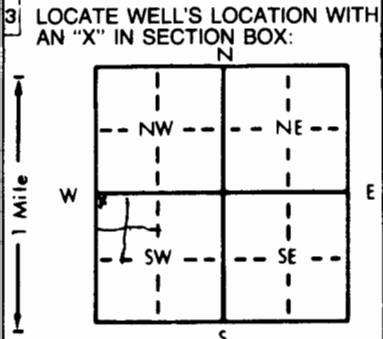


Plugged

1 LOCATION OF WATER WELL: Fraction NW 1/4 NW 1/4 SW 1/4 Section Number 12 Township Number T 32 S Range Number R 19 W
 County: Comanche

Distance and direction from nearest town or city street address of well if located within city?
3 1/2 mi West, South Side

2 WATER WELL OWNER: Clinton Sherman
 RR#, St. Address, Box #: Rt 1 Box 72
 City, State, ZIP Code: Coldwater, KS 67029
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL: 29 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 16 ft. 2. 16 ft. 3. 16 ft.
 WELL'S STATIC WATER LEVEL: 16 ft. below land surface measured on mo/day/yr
 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: 16 in. to _____ ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below)
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED:
1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) 10 Monitoring well
 Blank casing diameter: 16 in. to _____ ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 Casing height ~~above~~ land surface: 60 in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) NA 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) NA 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From NA ft. to NA 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: 3 Bentonite 1 Neat cement 2 Cement grout 4 Other
 Grout Intervals: From 8 ft. to 5 ft., From 14 ft. to 16 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) Bar Ditch

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Top Soil			Soil Type Waldeck
5	8	Bentonite Plug			Fine Sandy loam
8	16	Salty Soil			60+ inches.
16	14	Bentonite Plug			
14	29	Chlorinated Sand			

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) 10-21-93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) 1-18-94 under the name of Comanche County Health Department by (signature) Gene McNamee

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE 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, Kansas 66667-7029 telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.
Coldwater, KS 67029
LEPP Coordinator

OFFICE USE ONLY
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EW
SEC.
1/4
1/4
1/4