

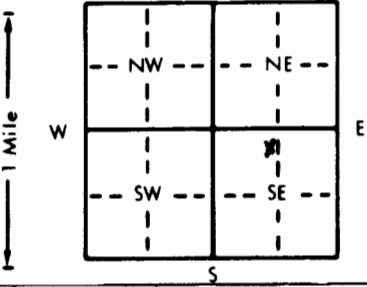
Plugged

1 LOCATION OF WATER WELL: County: Comanche Fraction: NE 1/4 NW 1/4 SE 1/4 Section Number: 27 Township Number: T 32 S Range Number: R 20 W

Distance and direction from nearest town or city street address of well if located within city?
1/2 E, 1/2 N, 1/4 W Protection

2 WATER WELL OWNER: Charles Peterson
 RR#, St. Address, Box #: Box 2
 City, State, ZIP Code: Protection, KS 67127
 Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 20 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered: 1. 12 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 12 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: _____ in. to _____ ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 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 _____ No X If yes, mo/day/yr sample was sub-
 mitted Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____

Blank casing diameter: 1 1/2 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 36 in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) NA
 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) NA

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: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 6 ft. to 3 ft., From _____ ft. to _____ 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? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top Soil Backfill			Soil type is a Pratt Loamy Fine Sand 60+ inches
3	6	Bentonite Plug			
6	10	Sub Soil Filler			
10	12	Bentonite Plug			
12	20	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/year) 1-18-94 under the _____ name of Comanche County Health Department by (signature) Jerry McManis

INSTRUCTIONS: Use typewriter or ballpoint pen to fill in blanks, underline or circle the correct answer. 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.
201 South New York
Coldwater, KS 67029
LEPP Coordinator

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R
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SEC.