

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Cheyenne</u>	NW ¼ NW ¼ SW ¼	36	T 4 S	R 42 W EW

Distance and direction from nearest town or city street address of well if located within city?

N/A - LOCATION CONFIRMED BY GMD #4

2 WATER WELL OWNER: Leta O'Brien
 RR#, St. Address, Box # : Box 16
 City, State, ZIP Code : St. Francis, KS 67756
 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 <u>80</u> ft. ELEVATION:
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Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL CAVED IN 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:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 5 Public water supply	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 10 Monitoring well	<input type="checkbox"/> 11 Injection well	<input type="checkbox"/> 12 Other (Specify below)
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Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 8 Concrete tile	<input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> 10 Asbestos-cement
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Blank casing diameter 5 in. to ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface 10 in., weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 7 PVC	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 10 Asbestos-cement	<input type="checkbox"/> 11 Other (specify)	<input type="checkbox"/> 12 None used (open hole)
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SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 9 Drilled holes	<input type="checkbox"/> 10 Other (specify)	<input type="checkbox"/> 11 None (open hole)
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SCREEN-PERFORATED INTERVALS: 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.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 13 Insecticide storage	<input type="checkbox"/> 14 Abandoned water well	<input type="checkbox"/> 15 Oil well/Gas well	<input type="checkbox"/> 16 Other (specify below)
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Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
	ENTER				
			80	20	REMOVE 3FT UPPER CASING
			20	10	SAND
			10	3	CLAY
		PLUGGING	3	0	HOLE PLUG
					SURFACE DIRT + HOLE PLUG
		INFORMATION			
		AT			
		RIGHT			

RECEIVED
FEB 07 1990

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my inspection and was completed on (mo/day/year) 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) 1-4-90 under the business name of Leta O'Brien by (signature) Leta O'Brien

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