

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>JEFFERSON</u>		<u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>35</u>	<u>T</u> <u>11S</u> <u>S</u>	<u>R</u> <u>19E</u> <u>E/W</u>
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: <u>Terracon Enviornmental, Inc.</u>					
RR#, St. Address, Box # :		<u>7810 NW 100th Street</u>		<u>Hamm's Landfill</u> Board of Agriculture, Division of Water Resources	
City, State, ZIP Code :		<u>Kansas City, MO 04153-2323</u>		Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>175'</u> ft. ELEVATION: _____ ft.			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL _____ 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:			
		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 <u>Monitoring well</u>			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped _____
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
			7 Fiberglass		Threaded _____
Blank casing diameter <u>0-160</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>2.5</u> in., weight <u>3.6</u> lbs./ft. Wall thickness or gauge No. <u>280</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
				9 ABS	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	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: From <u>160</u> ft. to <u>175</u> ft., From _____ ft. to _____ ft.					
		From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>158</u> ft. to <u>175</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>0</u> ft. to <u>155</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well			
1 Septic tank		4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines		5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	13 Insecticide storage	
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7	Clay-Brown	121	122	Limestone- Grey
7	14	Shale-Yellow	122	123	Sandstone- Grey
14	19	Shale-Grey	123	127	Shale-Grey
19	25	Limestone-Grey	127	127 $\frac{1}{2}$	Shale-Black
25	28	Shale-Grey	127 $\frac{1}{2}$	175	Shale-Grey
28	45 $\frac{1}{2}$	Limestone-Grey			
45 $\frac{1}{2}$	51 $\frac{1}{2}$	Shale-Dark-Grey			
51 $\frac{1}{2}$	53 $\frac{1}{2}$	Limestone-Grey			
53 $\frac{1}{2}$	65	Shale-Grey			
65	75 $\frac{1}{2}$	Limestone-Grey			
75 $\frac{1}{2}$	89	Shale-Grey			
89	91	Shale-Red			
91	94	Shale-Grey			
94	100	Shaley LS-Grey			
100	121	Shale-Grey			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) <u>reconstructed</u> , or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>9-11-96</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>182</u> This Water Well Record was completed on (mo/day/year) <u>10-9-96</u> under the business name of <u>STRADER DRILLING CO., INC.</u> by (signature) <u>David Strader</u>					
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.					