Distance and direction from nearest town or city street address of well if located within city?  Farmers Coop Association, Talmage, Kansas  2 WATER WELL OWNER: Talmage Cooperative Association  RR#, St. Address, Box # : 2967 Main Street  City, State, ZIP Code : Talmage, Ks 67482  3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:  Depth of Completed Well  RR#, St. Address, Box # : 2967 Main Street  Board of Agriculture, Division of Water  Application Number:  Depth of Completed Well  Depth of Completed Well  Depth of Completed Well  RR#, St. Address, Box # : 2 ft. 3  Well'S STATIC WATER LEVEL  Rr below land surface measured on mo/day/yr	er Resources
Farmers Coop Association, Talmage, Kansas  2 WATER WELL OWNER: Talmage Cooperative Association  RR#, St. Address, Box # : 2967 Main Street Board of Agriculture, Division of Water City, State, ZIP Code Talmage, Ks 67482 Application Number:  3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:  Depth (s) Groundwater Encountered 11.5 ft. 2 ft. 3  WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr	
RR#, St. Address, Box # : 2967 Main Street  City, State, ZIP Code : Talmage, Ks 67482  3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:  Depth (s) Groundwater Encountered 11.5  N WELL'S STATIC WATER LEVEL  ft. below land surface measured on mo/day/yr	
City, State, ZIP Code : Talmage, Ks 67482 Application Number:  3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:  Depth (s) Groundwater Encountered 11.5 ft. 2 ft. 3  N WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr	
3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:  Depth (s) Groundwater Encountered 11.5  N WELL'S STATIC WATER LEVEL  ft. below land surface measured on mo/day/yr	
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WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr  Pump test data: Well water was Ft. after hours pumping  Est. Yield Gpm: Well water was Ft. after Hours pumping  Bore Hole Diameter 8.625 In. to 25 Ft. and in. to  WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection w  1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Spe	Ft.
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1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Spe	/ell
	acify below)
Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr s	-1
	o <b>X</b>
5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued CI 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded	amped
2 PVC 4 ABS 7 Fiberglass Threaded	X
F) C+	1
Blank casing diameter 2 in. to 15 Dia In. to Dia in. to	ft.
Casing height above land surface FLUSH In., weight SCH 40 Lbs./ft. Wall thickness or gauge No.  TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement	
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)	
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)	
	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)	
2 Louvered shutter         4 Key punched         7 Torch cut         10 Other (specify)           SCREEN-PERFORATED INTERVALS:         From         15         ft. to         25         ft. From         ft. to	ft
From ft. to ft. From ft. to	
SAND PACK INTERVALS: From 13 ft. to 25 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 3 13 ft. to 3 From 2 3 to 0 ft. From ft. to	ft.
What is the nearest source of possible contamination:  10 Livestock pens 14 Abandoned water	er well
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas we	
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify b	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage Contaminate Direction from well?	ea Site
FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS	
0 2 Silty Clay	
2 15 Clayey Silt, dark brown	
15 20 Silty Clay , dark gray 20 25 Silty clay sand, gray	
25 TD End of Borehole	
	-
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction.	ction and w
Completed on (mo/day/yr) 03/26/07  And this record is true to the best of my knowledge and belief Vater Well Contractor's License No.  585  This Water Well Record was completed on (mo/day/yr)	f. Kansas
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment Busses.	. Topeka.
Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.	