

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Montgomery</u>	<u>NE 1/4 SW 1/4 NW 1/4</u>	<u>31</u>	<u>T 32 S</u>	<u>R 17 E E/W</u>

Distance and direction from nearest town or city street address of well if located within city?
3 Miles South of Cherryvale, KS at Highways 96 & 169

2 WATER WELL OWNER: Resource Recovery Inc.
 RR#, St. Address, Box # : 1801 Woodland
 City, State, ZIP Code : Coffeyville, KS 67337
 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: 5.6 ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1. 999 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 999 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 Monitoring well MW-6
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No X

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
Blank casing diameter: <u>2</u> in. to <u>4.1</u> ft., Dia.	7 Fiberglass			Threaded: <u>X</u>
Casing height above land surface: <u>30</u> in., weight _____ lbs./ft.				Wall thickness or gauge No. <u>Sch. 40</u>

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
				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	<u>10</u> Other (specify) <u>Factory Slot</u>	

SCREEN-PERFORATED INTERVALS: From 4.1 ft. to 5.6 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 3.8 ft. to 5.7 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 (2) 0 ft. to 34 ft., From (3) 34 ft. to 38 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) Unknown
 13 Insecticide storage

Direction from well?		LITHOLOGIC LOG		PLUGGING INTERVALS	
FROM	TO	FROM	TO	FROM	TO
0	3.2				
3.2	4.5				
4.5	22.0				
22.0	25.5				
25.5	28.1				
28.1	42.8				
42.8	57.0				

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) 4/27/93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 458 This Water Well Record was completed on (mo/day/yr) _____ under the business name of The Winnek Co. Inc. by (signature) [Signature]

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.

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