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OFFICE USE ONLY

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1 LOCATION OF WATER WELL: County: CHEROKEE		Fraction: SW 1/4 SW 1/4 SW 1/4		Section Number: 19		Township Number: T 32 S		Range Number: R 24 E																																							
Distance and direction from nearest town or city street address of well if located within city? 7.0 MILES NORTH OF COLUMBUS, KS ON HWY 7																																															
2 WATER WELL OWNER: AMERICAN DISPOSAL SERVICES INC RR#, St. Address, Box #: P.O. BOX 306 City, State, ZIP Code: COLUMBUS KS 66725					TW-9 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: 35.0 ft. ELEVATION: 27.0 ft.																																												
			Depth(s) Groundwater Encountered: 27.0 ft. 2. ft. 3. ft.																																												
			WELL'S STATIC WATER LEVEL: 27.0 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: 8.0 in. to 35.0 ft. and _____ in. to _____ ft.																																												
			WELL WATER TO BE USED AS:																																												
			1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only <input checked="" type="checkbox"/> Monitoring well 12 Other (Specify below)																																												
			Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____																																												
			Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>																																												
5 TYPE OF BLANK CASING USED:																																															
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ <input checked="" type="radio"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter: 2.0 in. to 24.0 ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft. Casing height above land surface: 30.0 in. weight _____ lbs./ft. Wall thickness or gauge No. Sched 40 TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="radio"/> 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)																																															
SCREEN OR PERFORATION OPENINGS ARE:																																															
1 Continuous slot <input checked="" type="radio"/> Mill slot 0.010" 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes SCREEN-PERFORATED INTERVALS: From 24.0 ft. to 34.0 ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 22.0 ft. to 35.0 ft. From _____ ft. to _____ ft.																																															
6 GROUT MATERIAL: 1 Neat cement 6 Cement grout <input checked="" type="radio"/> Bentonite 4 Other _____																																															
Grout Intervals: From 0.0 ft. to 2.0 ft. From 2.0 ft. to 19.0 ft. From 19.0 ft. to 22.0 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 <input checked="" type="radio"/> Other (specify below) LANDFILL																																															
Direction from well? _____ How many feet? _____																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0.0</td> <td>0.5</td> <td rowspan="5"> TOPSOIL SILTY CLAY CLAY SHALE - SILTSTONE COAL SHALE </td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.5</td> <td>3.5</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.5</td> <td>12.0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12.0</td> <td>26.0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>26.0</td> <td>31.0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>31.0</td> <td>35.0</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0.0	0.5	TOPSOIL SILTY CLAY CLAY SHALE - SILTSTONE COAL SHALE				0.5	3.5				3.5	12.0				12.0	26.0				26.0	31.0				31.0	35.0				
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 2-27-96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416 This Water Well Record was completed on (mo/day/yr) 3-24-96 under the business name of TERRACON CONSULTANTS INC by (signature) Clay O. Nye																																															
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.																																															