

<b>1 LOCATION OF WATER WELL:</b> County: <u>Cherokee</u>		Fraction <u>SW 1/4 SW 1/4 NE 1/4</u>	Section Number <u>30</u>	Township Number <u>T 32 S</u>	Range Number <u>R 24 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>4 miles North of Columbus Ks.</u>					
<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box # : City, State, ZIP Code :		Board of Agriculture, Division of Water Resources Application Number: <u>Whealland Sanitary Landfill</u> <u>PO Box 306</u> <u>Columbus KS 66725</u>			
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"><p>1 Mile</p></div>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>32</u> ft. <b>ELEVATION:</b> _____ ft. Depth(s) Groundwater Encountered 1. <u>29.0</u> ft. 2. _____ ft. 3. _____ ft. <b>WELL'S STATIC WATER LEVEL</b> <u>29.0</u> 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 <u>6</u> in. to <u>34</u> in. and _____ in. to _____ in. ft. <b>WELL WATER TO BE USED AS:</b> 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 <input checked="" type="checkbox"/> Monitoring well 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"/>			
<b>5 TYPE OF BLANK CASING USED:</b> 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile <input checked="" type="radio"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass Blank casing diameter <u>2</u> in. to <u>23</u> in. Dia. _____ in. to _____ in. ft. Dia. _____ in. to _____ in. ft. Casing height above land surface <u>30</u> in. weight <u>54</u> lbs./ft. Wall thickness or gauge No. _____ <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <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) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot <input checked="" type="radio"/> Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ <b>SCREEN-PERFORATED INTERVALS:</b> From <u>23.0</u> ft. to <u>32.0</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. <b>GRAVEL PACK INTERVALS:</b> From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From <u>21.0</u> ft. to <u>34.0</u> ft. From _____ ft. to _____ 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 <input checked="" type="radio"/> Other (specify below) <u>Landfill</u> 13 Insecticide storage Direction from well? _____ How many feet? _____					
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3/2/94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>410</u> This Water Well Record was completed on (mo/day/yr) <u>4/13/94</u> under the business name of <u>Terracon Consultants Inc</u> by (signature) <u>Richard D. M...</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.					