

1 LOCATION OF WATER WELL: County: Montgomery	Fraction NE 1/4 SW 1/4 NE 1/4	Section Number 34	Township Number T 34 S	Range Number R 16 E
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Distance and direction from nearest town or city street address of well if located within city?
2 blocks north of 4th and Tewark Streets

2 WATER WELL OWNER: **Sherwin-Williams**
 RR#, St. Address, Box # : **P. O. Box 1028**
 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: **8.5** ft. ELEVATION: **n/a**
 Depth(s) Groundwater Encountered 1. **7.0** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **none** ft. below land surface measured on **mo/day/yr 7/25/84**
 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: **10** 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** Observation well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ X _____; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes _____ No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded **X** _____
 Blank casing diameter **4** in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **36** in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 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 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **3.5** ft. to **8.0** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **2.0** ft. to **8.0** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Bentonite Seal From **1.0** ft. to **2.0** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **Cement & Bentonite Grout Mix**
 Grout Intervals: From **1.0** ft. to **surface** 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 16 Other (specify below)
 13 Insecticide storage **Chemical Lagoon**
 Direction from well? **East** How many feet? **52.0'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0.0	1.2	Dark Brown Clay Fill			
1.2	3.5	Brick, Rock Rubble			
3.5	4.8	Dark Brown Silty Clay, Moist			
4.8	5.2	Olive Brown Shaley Clay, Soft			
5.2	6.0	Gray Brown Clayey, Waxy Shale			
6.0	7.1	Gray Brown Weathered Shale, Medium			
7.1	8.5	Brown Shale, Hard			
		End of Boring at 8.5'			

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) **7/25/84** 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) **7/25/84** under the business name of **Terracon Consultants, Inc.** by (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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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