

1) LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: McPherson	SE ¼ SE ¼ NE ¼	5	T 20 S	R 3 E	W

Distance and direction from nearest town or city street address of well if located within city?
1391 Ironhorse Rd., McPherson

2) WATER WELL OWNER: National Cooperative Refinery Association

RR#, St. Address, Box # : **1391 Ironhorse Road** Board of Agriculture, Division of Water Resources
City, State, ZIP Code : **McPherson, Kansas 67460** Application Number:

3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4) DEPTH OF COMPLETED WELL 106 ft. ELEVATION: 0

Depth(s) Groundwater Encountered 1. **83** ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr

Pump test data: Well water was **NA** ft. after hours pumping gpm

Est. Yield **NA** gpm: Well water was ft. after hours pumping gpm

Bore Hole Diameter **11** in. to **106** 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**

Was a chemical/bacteriological sample submitted to Department? Yes.....No✓..... 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. ✓

Blank casing diameter **4** in. to **68** ft., Dia **4** in. to **106** ft., Dia in. to ft.

Casing height above land surface **18** in., weight lbs./ft. Wall thickness or gauge No. **Sch. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL

1 Steel	3 Stainless steel	5 Fiberglass	(7) PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify)
			9 ABS	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 **68** ft. to **103** ft., From ft. to ft.

From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **66** ft. to **106** 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 0 ft to 2 ft** **From 2 ft to 8 ft** **From 8 ft to 63 ft** **From 63 ft to 66 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	Refinery.

Direction from well?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	25	No cuttings returned,			
25	30	Sand/Clay mixture, wet, Light Brown			
30	35	Clay, soft, silty, damp, Light Brown			
35	40	Clay, medium, silty, moist, Light Brown			
40	45	Silt/Sand mixture, wet, Light Brown			
45	60	Silt/Sand mixture, damp, Light Brown			
60	65	Clay, medium, sandy, damp, Brown			
65	70	Sand (medium), moist, Brown			
70	81	Sand (medium), silty, moist to wet, Dark Brow			
81	82	Sand (medium), silty, wet, Dark Brown			
82	85	Sand (med.), silty, saturated, Grayish Brown			
85	106	No cuttings returned,			
					MW86 , Abovegrade
					Project Name: NCRA Refinery - Trihydro
					GeoCore # 875 , #

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) **8/13/2004** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **9/6/04**
under the business name of **GeoCore, 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.

OFFICE USE ONLY

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