

1 LOCATION OF WATER WELL: County: MCPHERSON		Fraction SW 1/4 SE 1/4 SE 1/4	Section Number 22	Township Number T 21 S	Range Number R 2 E (W)										
Distance and direction from nearest town or city street address of well if located within city? 307 W COLE ST, MOUNDRIIDGE, KS			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____												
2 WATER WELL OWNER: MID KANSAS COOP RR#, St. Address, Box # : 307 W COLE ST, BOX D City, State, ZIP Code : MOUNDRIIDGE, KS 67107															
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <div style="display: flex; align-items: center; justify-content: center;"> <div style="margin-right: 10px;">W</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td></tr> <tr><td>-- NW --</td><td>-- NE --</td></tr> <tr><td> </td><td> </td></tr> <tr><td>-- SW --</td><td>-- SE --</td></tr> <tr><td> </td><td> </td></tr> </table> <div style="margin-left: 10px;">E</div> </div> S				-- NW --	-- NE --			-- SW --	-- SE --			4 DEPTH OF COMPLETED WELL 34.5 ft. Depth(s) Groundwater Encountered (1) 25 ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 16.2 ft. below land surface measured on mo/day/yr. 5/22/08 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm 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 Domestic (lawn & garden) 10 Monitoring well RECOVERY Was a chemical/bacteriological sample submitted to Department? Yes _____ No X _____; If yes, mo/day/yr Sample was submitted _____ Water well disinfected? Yes _____ No _____			
-- NW --	-- NE --														
-- SW --	-- SE --														
5 TYPE OF 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 _____ in. to 9.5 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.															
Casing height above land surface NA in., Weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40															
TYPE OF SCREEN OR PERFORATION MATERIAL:															
1 Steel 3 Stainless Steel 5 Fiberglass		7 PVC 9 ABS		11 Other (Specify) _____											
2 Brass 4 Galvanized Steel 6 Concrete tile		8 RM (SR) 10 Asbestos-Cement		12 None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:															
1 Continuous slot 3 Mill slot 5 Gauzed wrapped		7 Torch cut 9 Drilled holes		11 None (open hole)											
2 Louvered shutter 4 Key punched 6 Wire wrapped		8 Saw cut 10 Other (specify) _____													
SCREEN-PERFORATED INTERVALS: From 9.5 ft. to 34.5 ft., From _____ ft. to _____ ft.															
From NA ft. to NA ft., From _____ ft. to _____ ft.															
GRAVEL PACK INTERVALS: From 5.5 ft. to 34.5 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 5.5 ft. to 3.5 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 13 Insecticide storage		14 Other (specify below)											
2 Sewer lines 5 Cess pool 8 Sewage lagoon		11 Fuel storage 14 Abandoned water well		15 Other (specify below)											
3 Watertight sewer lines 6 Seepage pit 9 Feedyard		12 Fertilizer storage 15 Oil well/gas well													
Direction from well? NORTH How many feet? 0															
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS										
0	0.5	CONCRETE													
0.5	10	LEAN CLAY, DARK GRAY TO DARK BROWN													
10	15	LEAN CLAY WITH FINE SAND, DARK GRAY													
15	25	LEAN CLAY WITH F-C SAND, RED-BROWN TO BROWN													
25	30	SANDY CLAY, LIGHT GRAY, WET													
30	34.5	CLAYEY SAND, GRAY, WET													
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) _____ 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/year) 8/11/08															
under the business name of Terracon Consultants, Inc. by (signature) <i>[Signature]</i>															
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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html .															