

☐ Original Record    ☐ Correction    ☐ Change in Well Use

Well ID

MW16

<b>1 LOCATION OF WATER WELL:</b> County: <b>McPherson</b>		Fraction <b>SE 1/4 SW 1/4 SW 1/4 SW 1/4</b>		Section Number <b>9</b>		Township Number <b>T 21 S</b>		Range Number <b>R 4 E</b>																																					
<b>2 WELL OWNER:</b> Last Name: <b>Mid-Kansas Coop Association</b> Business: <b>PO Box 791</b> Address: <b>PO Box 791</b> City: <b>McPherson</b> State: <b>KS</b> ZIP: <b>67460</b>					Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> <b>111 E. Center, Inman</b>																																								
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>			<b>4 DEPTH OF COMPLETED WELL:</b> <b>36.5</b> ft. Depth(s) Groundwater Encountered: 1) <b>30</b> ft. 2) _____ ft. 3) _____ ft. or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: _____ ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr) _____ <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: <b>8</b> in. to <b>36.5</b> ft. and _____ in. to _____ ft.			<b>5 Latitude:</b> <b>38.232402</b> (decimal degrees) <b>Longitude:</b> <b>-97.774091</b> (decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Online Mapper: <b>Google Earth</b>																																							
<b>6 Elevation:</b> _____ ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____																																													
<b>7 WELL WATER TO BE USED AS:</b> 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial 2. <input type="checkbox"/> Public Water Supply: well ID _____ 3. <input type="checkbox"/> Dewatering: how many wells? _____ 4. <input type="checkbox"/> Aquifer Recharge: well ID _____ 5. <input checked="" type="checkbox"/> Monitoring: well ID <b>MW16</b> 6. Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 7. <input type="checkbox"/> Oil Field Water Supply: lease _____ 8. Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 9. Geothermal: how many bores? _____ a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 10. <input type="checkbox"/> Other (specify): _____																																													
<b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: _____ Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																													
<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter <b>2</b> in. to <b>16.5</b> ft. Diameter _____ in. to _____ ft. Diameter _____ in. to _____ ft. Casing height above land surface _____ in. Weight _____ lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b> <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)																																													
<b>SCREEN OR PERFORATION OPENINGS ARE:</b> <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)																																													
<b>SCREEN-PERFORATED INTERVALS:</b> From <b>16.5</b> ft. to <b>36.5</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. <b>GRAVEL PACK INTERVALS:</b> From <b>14</b> ft. to <b>36.5</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																													
<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <b>Concrete</b> Grout Intervals: From <b>0</b> ft. to <b>1</b> ft., From <b>1</b> ft. to <b>14</b> ft., From _____ ft. to _____ ft.																																													
<b>Nearest source of possible contamination:</b> <input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage <input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well <input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well <input type="checkbox"/> Other (Specify) _____ Direction from well? _____ Distance from well? _____ ft.																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>10 FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>5</td> <td>Clay, silty, Dark Brown</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>15</td> <td>Clay, silty, Brown</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>23</td> <td>Clay, sl. silty, Brown w/white calc. mat.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>23</td> <td>36.5</td> <td>Shale, Red Brown mottled Gray Green</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="height: 40px; vertical-align: bottom;"> <b>Notes:</b> </td> </tr> </tbody> </table>										10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	5	Clay, silty, Dark Brown				5	15	Clay, silty, Brown				15	23	Clay, sl. silty, Brown w/white calc. mat.				23	36.5	Shale, Red Brown mottled Gray Green				<b>Notes:</b>					
10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS																																								
0	5	Clay, silty, Dark Brown																																											
5	15	Clay, silty, Brown																																											
15	23	Clay, sl. silty, Brown w/white calc. mat.																																											
23	36.5	Shale, Red Brown mottled Gray Green																																											
<b>Notes:</b>																																													
<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) <b>8/15/2018</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>527</b> This Water Well Record was completed on (mo-day-year) <b>8/21/2018</b> under the business name of <b>GeoCore Inc.</b> Signature _____																																													

McPherson

SE SW SW SW

9-21-4W



Mid Kansas Coop, Inman  
111 E. Center Street  
Inman, Kansas  
KDHE Project Code: A5 059 40059

GPS Coordinates:

MW14: 38.232213, -97.774661

MW15: 38.232423, -97.774661

MW16: 38.232402, -97.774091

RECEIVED  
OCT 12 2018  
BUREAU OF WATER