

|                                                      |                                   |                            |                                  |                              |
|------------------------------------------------------|-----------------------------------|----------------------------|----------------------------------|------------------------------|
| 1 LOCATION OF WATER WELL:<br>County: <b>Sedgwick</b> | Fraction<br><b>NE ¼ NE ¼ SW ¼</b> | Section Number<br><b>8</b> | Township Number<br><b>T 28 S</b> | Range Number<br><b>R 4 E</b> |
|------------------------------------------------------|-----------------------------------|----------------------------|----------------------------------|------------------------------|

Distance and direction from nearest town or city street address of well if located within city?

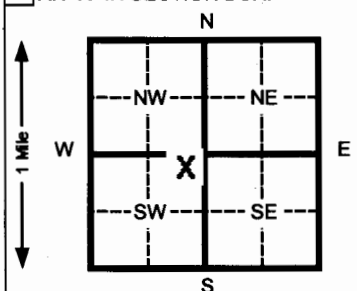
**101 S. Adams, Cheney, Kansas**2 WATER WELL OWNER: **Cheney COOP Elevator Association**RR#, St. Address, Box # : **101 S. Adams**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **Cheney, Kansas 67025**

Application Number:

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



4 DEPTH OF COMPLETED WELL

**28.0** ft. ELEVATION:Depth(s) Groundwater Encountered 1 **16.0** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.WELL'S STATIC WATER LEVEL **17.70** ft. below land surface measured on mo/day/yr **08/13/06**

Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Est. Yield **NA** gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpmBore Hole Diameter **8.5** in. to **19.0** ft. and **6.5** in. to **30.0** ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X** If yes, mo/day/yr sample wassubmitted Water Well Disinfected? Yes \_\_\_\_\_ No **X**

5 TYPE OF BLANK CASING USED:

5 Wrought Iron

8 Concrete tile

CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_

6 Asbestos-Cement

9 Other (specify below)

Welded \_\_\_\_\_

7 Fiberglass

Threaded **X**

1 Steel

3 RMP (SR)

2 PVC

4 ABS

Blank casing diameter **2.375** in. to **8.0** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.Casing height above land surface **Flush Mount** 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

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 **28.0** ft. to **8.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **28.0** ft. to **5.5** 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 **0.0** ft. to **1.0** ft. From **1.0** ft. to **5.5** 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 (former)

15 Oil well/ Gas well

3 Watertight sewer lines

6 Seepage pit

9 Feedyard

12 Fertilizer storage

16 Other (specify below)

13 Insecticide storage

Direction from well?

**North**

How many feet?

**150**

| FROM        | TO          | CODE | LITHOLOGIC LOG                                                      |
|-------------|-------------|------|---------------------------------------------------------------------|
| <b>0.0</b>  | <b>1.0</b>  |      | <b>Black silt, dry</b>                                              |
| <b>1.0</b>  | <b>14.0</b> |      | <b>Red-brown sand, fine grained, poorly graded, dry</b>             |
| <b>14.0</b> | <b>30.0</b> |      | <b>Red-brown shale, very hard to extremely hard, dry; wet @ 16'</b> |

**Flush-mount well completion waiver approved by D. Taylor, KDHE-BOW.**

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/yr) **08/12/06**and this record is true to the best of my knowledge and belief. **Kansas**Water Well Contractor's License No. **692**This Water Well Record was completed on (mo/day/yr) **08/31/06**under the business name of **Quad State Services, Inc.**

by (signature)

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S.W. Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.