

|                            |                                                                         |                |                 |              |
|----------------------------|-------------------------------------------------------------------------|----------------|-----------------|--------------|
| 1] LOCATION OF WATER WELL: | Fraction                                                                | Section Number | Township Number | Range Number |
| County: <b>Sedgwick</b>    | <b>NE</b> $\frac{1}{4}$ <b>NE</b> $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$ | <b>8</b>       | <b>T 28 S</b>   | <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 **18.00** 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 **20.0** 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 wellWas a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X** If yes, mo/day/yr sample was submittedWater Well Disinfected? Yes \_\_\_\_\_ No **X**

5] TYPE OF BLANK CASING USED:

5 Wrought Iron

8 Concrete tile

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

1 Steel

3 RMP (SR)

6 Asbestos-Cement

9 Other (specify below)

Welded \_\_\_\_\_

**2** PVC

4 ABS

7 Fiberglass

Threaded \_\_\_\_\_

**X**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

2 Louvered shutter

4 Key punched

5 Gauzed wrapped

8 Saw cut

11 None (open hole)

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-northwest**

How many feet?

**325**

| FROM        | TO          | CODE | LITHOLOGIC LOG                                           |
|-------------|-------------|------|----------------------------------------------------------|
| <b>0.0</b>  | <b>1.0</b>  |      | <b>Black silt, dry</b>                                   |
| <b>1.0</b>  | <b>15.0</b> |      | <b>Red-brown sand, fine grained</b>                      |
| <b>15.0</b> | <b>30.0</b> |      | <b>Red-brown shale, very hard to extremely hard, dry</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 wascompleted 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.