WATER WELL RECORD Form WWC-5 KSA 82a-1212

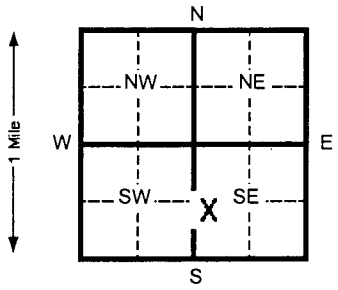
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Sedgwick**	NW ¼ SW ¼ SE ¼	5	T 28 S	R 4 W

Distance and direction from nearest town or city street address of well if located within city?
906 North Main St., Cheney, Kansas

2 WATER WELL OWNER: **Farmers Coop Elevator Company**
RR#, St. Address, Box # : **P.O. Box 340**
City, State, ZIP Code : **Cheney, KS 67025**

Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF COMPLETED WELL **17** ft. ELEVATION: **1375.96**

Depth(s) Groundwater Encountered _____ ft. 2 _____ ft. 3 _____ Ft.

WELL'S STATIC WATER LEVEL **9.85** ft. below land surface measured on mo/day/yr **02/23/11**

Pump test data: Well water was _____ Ft. after _____ hours pumping _____ Gpm

Est. Yield _____ Gpm: Well water was _____ Ft. after _____ Hours pumping _____ Gpm

Bore Hole Diameter **8.625** In. to **17** ft. and _____ in. to _____ Ft.

WELL WATER TO BE USED AS: 1 Domestic 3 Feed lot 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Dewatering 10 [Monitoring well] 11 Injection well 12 Other (Specify below) **MW-10**

2 Irrigation 4 Industrial

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was Submitted _____ Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED: 1 Steel 2 [PVC] 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)

CASING JOINTS: Glued _____ Clamped _____ Welded _____ [Threaded] **X**

Blank casing diameter **2** in. to **7** Ft., Dia _____ In. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **FLUSH** In., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 [PVC] 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 [Mill slot] 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From **7** ft. to **17** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ Ft.

SAND PACK INTERVALS: From **5** ft. to **17** 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 From2 **0.5** ft. to **3** Ft. From3 **3** ft. to **5** ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 [Other (specify below)] **Contaminated Site**

Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2.5		Silty Clay			
2.5	12.5		Sandy Clay			
12.5	17		Medium to Coarse Sand			
17	TD		End of Borehole			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w

Completed on (mo/day/yr) **02/23/11** And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **03/22/11**

under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J. Johnson**

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send 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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