WATER WELL						ources App. No.			
1 LOCATION OF County:		Fraction 4 SW 4 NW 4	NW 1/4	16		т 33	nber Range Numb	oer E □w	
Street/Rural Address of Well Location; if unknown, distance & direction Global Positioning System (GPS) information:									
from nearest town or in	L	Latitude: (in decimal degrees)							
	L	Longitude: (in decimal degrees)							
					Elevation:				
2 WATER WELL OWNER: ADM Grain					Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27				
RR#, St. Address, Box # : 509 NW Ave				Collection Method:					
City, State, ZIP Code : Hugoton, Kansas 67951				☐ GPS unit (Make/Model: ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey					
				☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey					
			<u>E</u>	st. Accura	cy: ☐ <3	m, 🗆 3-5 m, 🗖 5-1	15 m, □ >15 m		
3 LOCATE WELL	i								
WITH AN "X" I	N 4 DEPTH OF	COMPLETED WELL							
SECTION BOX	BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3)								
N	WELL'S STAT	IC WATER LEVEL N	A ft l	elow lan	d surface	measured on mo/	dav/vr		
1	-								
X W NE		np test data: Well water v							
EST. YIELD gpm: Well water was ft. after hours pumping									
l w	E WELL WATER	TO BE USED AS: ☐ Pu	blic water s	supply L		rmal 🗀 !	njection well		
	Domestic D	Feedlot	ater supply		Dewate	ering 🗆 🖯	Other (Specify below	v)	
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well ☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below) ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☑ Monitoring well ☐ MW-12									
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No									
S If yes, mo/day/yr sample was submitted									
1 mile	- Water Well Disi	nfected? ☐ Yes ☒ No	0						
5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other									
TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded Casing diameter 4 in. to 120 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 0 in., Weight 2.07 lbs./ft. Wall thickness or gauge No237									
Casing diameter 4 in. to 120 it., Diameter in. to tt., Diameter in. to ft.									
Casing neight above	land surface					all thickness or gat	ige No237		
TYPE OF SCREEN OR PERFORATION MATERIAL:									
□ Steel	Stainless Steel	None 1/	U Other (Specify)					
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
☐ Continuous Slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole) ☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify)									
SCREEN-PERFORATED INTERVALS: From 120 ft. to 160 ft., From ft. to ft.									
From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 118 ft. to 160 ft., From ft. to ft.								ft	
From ft to ft From ft to ft								ft	
From ft. to ft., From ft. to ft.									
6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other									
Grout Intervals From 0 ft. to 118 ft. From ft. to ft. From ft. to ft.									
What is the nearest source of possible contamination:									
☐ Septic tank	☐ Lateral lin		Livestock			cicide storage	☐ Other (specify be	How)	
Sewer lines	Cesspool					doned water well	Contaminated si	.	
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well ☐ Contaminated site ☐ Direction from well ☐ Distance from well									
FROM TO		LOGIC LOG	FROM	ТО			LUGGING INTER	VALS	
0 2	Surface		122	144		e & clay w/sand	strks		
2 8	Loess		144	160	Calich	e w/sand lenses			
8 24	Clay w/caliche str								
24 40	Fine sand & sand								
40 53	Fine sand w/clay								
53 60		w/caliche strks & clay							
(0) =2	Lenses	4.1.0.1.			-				
60 73		ne strks & clay lenses							
73 80	Caliche & clay w/				ļ				
80 122	Caliche w/clay len	Ses	NT. TOU	L					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ⊠ constructed, □ reconstructed, or □ plugged									
under my jurisdiction and was completed on (mo/day/year) 3-15-10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 or 783 . This Water Well Record was completed on (mo/day/year) 4-30-10									
Kansas Water Well Co	nuractor's License No.	334 OF /83 . This W			/	11////	ear) 4-30-10		
under the business nam			by (signatu			LY stt.		· <u> </u>	
INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.									

Check: \square White Copy, \square Blue Copy, \square Pink Copy