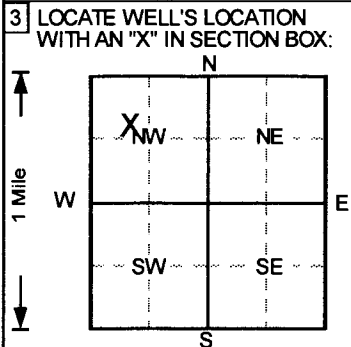


1 LOCATION OF WATER WELL: County: Graham	Fraction SE ¼ NW ¼ NW ¼	Section Number 25	Township Number T 8 S	Range Number R 23 EW
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Distance and direction from nearest town or city street address of well if located within city?

At Graham Co. Landfill, Hill City

2 WATER WELL OWNER: **Graham County Landfill**
 RR#, St. Address, Box # : **2400 US Hwy 283**
 City, State, ZIP Code : **Hill City, Kansas 67642**
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL **106** ft ELEVATION:

Depth(s) Groundwater Encountered 1. ft 2. ft 3. ft

WELL'S STATIC WATER LEVEL ft below land surface measured on mo/day/yr

Pump test data: Well water was **NA** ft after hours pumping gpm

Est. Yield .. **NA** ... gpm: Well water was ft after hours pumping gpm

Bore Hole Diameter **8** in. to **108** ft, and in. to ft

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only **10** Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes.....No ; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No

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.

Blank casing diameter **4** in. to **56** ft, Dia in. to ft, Dia in. to ft

Casing height above land surface **36** in., weight lbs./ft. Wall thickness or gauge No. **Sch. 40**

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

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

SCREEN-PERFORATED INTERVALS: From **56** ft to **106** ft, From ft to ft
 From ft to ft, From ft to ft

GRAVEL PACK INTERVALS: From **53** ft to **108** 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 **2.5** ft to **53** ft, From ft to 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 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? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Silt, Brown			
1	4	Silt, sl. clayey, Lt. Yellow Brown			
4	11	Clay, silty, Yellow Brown			
11	14	Sand, vf-m, silty, Yellow Brown to Lt. Brown			
14	15	Clay, silty, Yellow Brown			
15	24	Sand, vf-c, silty, Lt. Brown			
24	31	Sand, vf-f, sl. clayey, Lt. Brown to Yel Brown			
31	41	Clay, sandy, Yellow Brown			
41	46	Shale, sl. wthrd., Gray			
46	68	Shale, well to mod. indurated, Gray			
68	78	Shale, v. sl. wthrd., Gray			
78	85	Shale, Gray			
85	108	Shale, v. sl. wthrd., Gray			MW13, Abovegrade

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/year) **4/15/2015** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **4/23/2015**
 under the business name of **GeoCore, Inc.** by (signature) *Dohabli*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top 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.

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