

1 LOCATION OF WATER WELL:		Fraction 1/4 SE 1/4 SW 1/4	Section Number 8	Township Number T 26 S	Range Number R 5 (E)																		
Distance and direction from nearest town or city street address of well if located within city? <b>Rural Farm Field 700' E of the NE Fence of the Terminal</b>																							
2 WATER WELL OWNER:		CPA, Inc 2109 Llano Rd. Suite 240 Carrollton TX 75006		Board of Agriculture, Division of Water Resources Application Number:																			
3 LOCATE WELL'S LOCATION WITHIN SECTION BOX:		4 DEPTH OF COMPLETED WELL ..... 24 ft. ELEVATION: ..... 10																					
AN "X" IN SECTION BOX: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td>- - NW - -</td><td>- - NE - -</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td>W</td><td>E</td></tr> <tr><td>- - SW - -</td><td>- - SE - -</td></tr> <tr><td></td><td>X</td></tr> <tr><td>S</td><td></td></tr> </table>						- - NW - -	- - NE - -					W	E	- - SW - -	- - SE - -		X	S		Depth(s) Groundwater Encountered 1 ..... 10 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 ..... ft. after ..... hours pumping ..... gpm Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm 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 Domestic (lawn & garden) 10 Monitoring well MW-33			
- - NW - -	- - NE - -																						
W	E																						
- - SW - -	- - SE - -																						
	X																						
S																							
Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> ; If yes, mo/day/ys sample was submitted Water Well Disinfected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																							
5 TYPE OF BLANK CASING USED:																							
1 Steel 3 RMP (SR) 2 PVC 4 ABS		5 Wrought iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass		CASING JOINTS: Glued ..... Clamped ..... Welded ..... Threaded <input checked="" type="checkbox"/>																			
Blank casing diameter ..... 2 in. to ..... 4 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft. Casing height above land surface ..... 30 in., weight ..... lbs./ft. Wall thickness or guage No. ..... 40																							
TYPE OF SCREEN OR PERFORATION MATERIAL:																							
1 Steel 3 Stainless Steel 2 Brass 4 Galvanized Steel		5 Fiberglass 8 RMP (SR) 6 Concrete tile 9 ABS		7 PVC 10 Asbestos-Cement 11 Other (Specify) ..... 12 None used (open hole)																			
SCREEN OR PERFORATION OPENINGS ARE:																							
1 Continuous slot 3 Mill slot 2 Louvered shutter 4 Key punched		5 Guazed wrapped 8 Saw cut 11 None (open hole) 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) ..... ft.																					
SCREEN-PERFORATED INTERVALS: From ..... 4 ft. to ..... 24 ft., From ..... ft. to ..... ft.																							
GRAVEL PACK INTERVALS: From ..... 3 ft. to ..... 24 ft., From ..... ft. to ..... ft.																							
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																							
Grout Intervals: From ..... 1 ft. to ..... 3 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																							
What is the nearest source of possible contamination:																							
1 Septic tank 4 Lateral lines 2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit		7 Pit privy 10 Livestock pens 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 9 Feedyard 12 Fertilizer storage 15 Oil well/Gas well How many feet? ..... ft.		16 Other (specify below)																			
Direction from well? <b>700 East</b>																							
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 0 1.5 Brown Silt Clay 1.5 3.0 Red Brown Silt Clay 3.0 24.0 Lt. Brown Limestone																							
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) <b>4/15/05</b> and this record is true to the best of my knowledge and belief. Kansas																							
Water Well Contractor's Licence No <b>2002</b> This Water Well Record was completed on (mo/day/year) <b>5/12/05</b> by (signature) <b>John Doe</b>																							
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, 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. Fee of \$5.00 for each constructed well.																							