

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Wilson		SW $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$	20	T 30 S	R 16 EW
Distance and direction from nearest town or city street address of well if located within city? 825 Main, Neodesha Kansas					
2 WATER WELL OWNER: Crescent Oil Co					
RR#: St. Address, Box # : P.O. Box 667			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Independence, KS 67301			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 27.0 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 14.70 ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 13.25 ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter 8.625 in. to 27.0 ft. and _____ in. to _____ 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) <input checked="" type="radio"/> 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought Iron	
<input checked="" type="radio"/> 2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter 2.375 in. to 12.0 ft. Dia				8 Concrete tile	
Casing height above land surface Flush Mount in., weight _____ lbs./ft.				9 Other (specify below)	
TYPE OF SCREEN OR PERFORATION MATERIAL:				CASING JOINTS: Glued _____ Clamped _____	
1 Steel		3 Stainless steel		7 Welded _____	
2 Brass		4 Galvanized steel		8 Threaded _____	
5 Fiberglass		7 PVC		<input checked="" type="checkbox"/> 10 Asbestos-cement	
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		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				11 None (open hole)	
				9 Drilled holes	
				10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From 27.0 ft. to 12.0 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 28.0 ft. to 11.0 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement <input checked="" type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other					
Grout Intervals From 0.0 ft. to 1.0 ft. From 1.0 ft. to 11.0 ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage (former)	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below)	
Direction from well? NA How many feet? 0					
FROM	TO	CODE	LITHOLOGIC LOG		
0.0	1.0		Brown to red brown silty clay, stiff		
1.0	4.0		Red brown silty clay, stiff, moist		
4.0	10.0		Red brown silty clay, stiff, moist		
10.0	14.0		Brown silty clay, stiff, moist		
14.0	21.0		Brown silty clay, stiff, moist without odor		
21.0	27.0		Red brown silty clay with fragments of gravel, sandy no odor		
Flush-mount well completion waiver existent for site.					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 03/20/08 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) 3/21/08		
under the business name of Quad State Services, Inc.			by (signature) <i>[Signature]</i>		
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.					

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