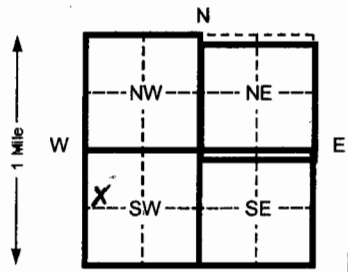


1 LOCATION OF WATER WELL: County: **Cowley** Fraction: **SW 1/4 NW 1/4 SW 1/4** Section Number: **15** Township Number: **T 30 S** Range Number: **R 6 E**

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

2 WATER WELL OWNER: **Rick Kimbrel**
RR#, St. Address, Box #: **1913 E. 9th PO Box 536** Board of Agriculture, Division of Water Resources
City, State, ZIP Code: **Winfield, KS 67156** Application Number:

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



4 DEPTH OF COMPLETED WELL: **19** ft. ELEVATION:

Depth(s) Groundwater Encountered: 1 **NA** ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL: **17.58** ft. below land surface measured on mo/day/yr **06/22/04**
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 **19** Ft. and _____ in. to _____ Ft.
WELL WATER TO BE USED AS:
1 Domestic 3 Feed lot 5 Public water supply 8 Air conditioning 11 Injection well
2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
7 Lawn and garden (domestic) 10 **Monitoring well** **MW-4**
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 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 **PVC** 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____
7 Fiberglass _____ **Threaded** **X**

Blank casing diameter: **2** in. to **5** 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 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:
1 Continuous slot 3 **Mill slot** 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **5** ft. to **19** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
SAND PACK INTERVALS: From **3** ft. to **19** 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 **3** ft. to **1** Ft. From **1** Ft. to **3** 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 **Contaminated Site**

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3.5		Clay with silt (CL)			
3.5	19		Limestone			
19	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 was Completed on (mo/day/yr) **06/22/04** 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) **07/01/04**
under the business name of **Associated Environmental, Inc.** By (signature) **Darin R Duncan**

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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