

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Cowley		NW ¼ NW ¼ NW ¼	4	T 31 S	R 3 W
Distance and direction from nearest town or city street address of well if located within city? 301 E. Highway K-15, Udall, Kansas					
2 WATER WELL OWNER: Frank Kistler		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : 305 N. Williams		Application Number:			
City, State, ZIP Code : Udall, Kansas 67146					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 40.0 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 28.0 ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 19.25 ft. below land surface measured on mo/day/yr 09/08/05			
		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 8.5 in. to 40.0 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) 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 X			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought Iron	
2 PVC		4 ABS		8 Concrete tile	
		7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____	
Blank casing diameter 2.375 in. to 20.0 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		6 Asbestos-Cement		9 Other (specify below) _____	
Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40		9 Other (specify below) _____		Welded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 Fiberglass		Threaded X	
1 Steel		8 RMP (SR)			
2 Brass		9 ABS		10 Asbestos-cement	
3 Stainless steel		10 Asbestos-cement		11 Other (specify) _____	
4 Galvanized steel		11 Other (specify) _____		12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		6 Wire wrapped		9 Drilled holes	
3 Mill slot		7 Torch cut		10 Other (specify) _____	
2 Louvered shutter		10 Other (specify) _____		11 None (open hole)	
4 Key punched					
SCREEN-PERFORATED INTERVALS: From 40.0 ft. to 20.0 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 40.0 ft. to 17.0 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals From 0.0 ft. to 2.0 ft. From 2.0 ft. to 17.0 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	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below) _____	
Direction from well? Southeast		How many feet? 90			
FROM	TO	CODE	LITHOLOGIC LOG		
0.0	0.5		Asphalt/gravel		
0.5	9.0		Brown-red brown silty clay, laminated I/P, hard-very firm, slightly moist-moist		
9.0	16.0		Tan-olive green silty clay, very firm, moist, trace odor		
16.0	24.0		Maroon very silty clay, iron oxide stained, very firm, moist		
24.0	30.0		Light tan silty clay, trace caliche, very firm, very moist, trace odor		
30.0	38.0		Light tan very silty clay, trace caliche, very firm, very moist, trace odor		
38.0	40.0		Gray-dark tan-olive green shale, weathered, hard, slightly moist		
Flush-mount well completion approved by D. Taylor, KDHE-BOW.					
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/yr) 09/01/05 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) 09/30/05		by (signature)	
under the business name of Quad State Services, Inc.					

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.