

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Cowley</b>		<b>NW ¼ NW ¼ NW ¼</b>		<b>4</b>		<b>T 31 S</b>		<b>R 3 G/W</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>301 E. Highway K-15, Udall, Kansas</b>									
2 WATER WELL OWNER: <b>Frank Kistler</b>									
RR#, St. Address, Box # : <b>305 N. Williams</b>									
City, State, ZIP Code : <b>Udall, Kansas 67146</b>									
Board of Agriculture, Division of Water Resources Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>29.0</b> ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 <b>28.5</b> ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL <b>23.48</b> ft. below land surface measured on mo/day/yr <b>09/15/05</b>							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Est. Yield <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Bore Hole Diameter <b>8.5</b> in. to <b>30.0</b> 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) <b>10</b> 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 <b>X</b>									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
<b>2</b> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass _____ Threaded <b>X</b>									
Blank casing diameter <b>2.375</b> in. to <b>9.0</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <b>Flush Mount</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Schedule 40</b>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot <b>3</b> Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes									
7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From <b>29.0</b> ft. to <b>9.0</b> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>29.0</b> ft. to <b>6.5</b> ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement <b>2</b> Cement grout <b>3</b> Bentonite 4 Other _____									
Grout Intervals From <b>0.0</b> ft. to <b>2.0</b> ft. From <b>2.0</b> ft. to <b>6.5</b> ft. From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:									
1 Septic tank 4 Lateral lines 7 Pit privy <b>10</b> Livestock pens 14 Abandoned water well									
2 Sewer lines 5 Cess pool 8 Sewage lagoon <b>11</b> 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? <b>West</b> How many feet? <b>135</b>									
LITHOLOGIC LOG									
FROM	TO	CODE							
<b>0.0</b>	<b>0.5</b>		<b>Gravel</b>						
<b>0.5</b>	<b>3.5</b>		<b>Brown-olive green very silty clay, laminated, very firm, moist</b>						
<b>3.5</b>	<b>12.5</b>		<b>Red brown-maroon silty clay, very firm, moist</b>						
<b>12.5</b>	<b>26.0</b>		<b>Red brown-maroon silty clay, caliche fragments, very firm, moist</b>						
<b>26.0</b>	<b>30.0</b>		<b>Gray shale, weathered-slightly weathered, laminated, hard, moist-slightly moist</b>						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>1</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>09/15/05</b> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <b>692</b> This Water Well Record was completed on (mo/day/yr) <b>09/30/05</b>									
under the business name of <b>Quad State Services, Inc.</b> by (signature) _____									
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.									

OFFICE USE ONLY

T

R

SEC