

1 LOCATION OF WATER WELL:		Fraction NW ¼ NW ¼ NW ¼		Section Number 4	Township Number T 31 S	Range Number R 3	Q/W
County: Cowley							
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							
RR#, St. Address, Box # : 305 N. Williams							
City, State, ZIP Code : Udall, Kansas 67146							
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 34.0 ft. ELEVATION: _____					
		Depth(s) Groundwater Encountered 1 29.0 ft. 2 _____ ft. 3 _____ ft.					
		WELL'S STATIC WATER LEVEL 21.51 ft. below land surface measured on mo/day/yr 09/15/05					
		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 35.0 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 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 2.375 in. to 14.0 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement							
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____							
3 Mill slot 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 3 Key punched 6 Wire wrapped 9 Drilled holes							
7 Torch cut 10 Other (specify) _____							
SCREEN-PERFORATED INTERVALS: From 34.0 ft. to 14.0 ft. From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From 34.0 ft. to 11.0 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 11.0 ft. From _____ ft. to _____ ft.							
What is the nearest source of possible contamination:							
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well							
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/ Gas well							
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____							
Direction from well? North-northwest How many feet? 145							
LITHOLOGIC LOG							
FROM	TO	CODE					
0.0	7.5		Dark brown-light brown-olive green very silty clay, laminated, very firm, moist				
7.5	11.0		Red brown-maroon silty clay, very firm, moist-slightly moist				
11.0	23.5		Olive green silty clay, trace caliche, hard-very firm, slightly moist-moist				
23.5	31.0		Light red brown-gold silty clay, very firm, moist				
31.0	35.0		Gray shale, weathered, laminated, very firm-hard, moist-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) 09/15/05 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							
under the business name of Quad State Services, Inc. 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.							

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