

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Cowley		NW ¼ NW ¼ SW ¼	4	T 31 S	R 3
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			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Udall, Kansas 67146			Application Number:		
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 20.20 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 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 20.0 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) _____					
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 6 Wire wrapped 9 Drilled holes					
7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From 40.0 ft. to 20.0 ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 40.0 ft. to 17.0 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 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 11 Livestock pens 14 Abandoned water well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fuel storage 15 Oil well/ Gas well					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Fertilizer storage 16 Other (specify below) _____					
Direction from well? West-northwest How many feet? 80					
LITHOLOGIC LOG					
FROM	TO	CODE			
0.0	0.5		Gravel		
0.5	13.0		Red brown-brown very silty clay, laminated, very firm, moist		
13.0	26.0		Olive green-tan very silty clay, very firm, moist-very moist		
26.0	34.0		Olive green-tan very silty clay, trace caliche, very firm, very moist		
34.0	40.0		Gray 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		
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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