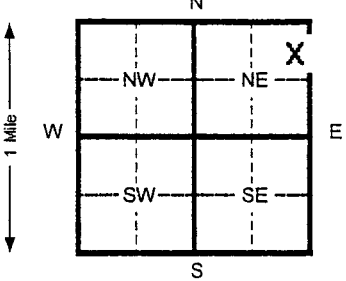


1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number	
County: Cowley		NE 1/4 NE 1/4 NE 1/4	5		T 31 S		R 3E EW	
Distance and direction from nearest town or city street address of well if located within city?								
203 N. Clark, Udall KS								
2 WATER WELL OWNER: KDHE-Bureau of Environmental Remediation								
RR#, St. Address, Box #			Robert Williams Property			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code			U2-018-13335			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL 30 ft. ELEVATION:					
			Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.					
			WELL'S STATIC WATER LEVEL 23.81 ft. below land surface measured on mo/day/yr 4/19/06					
			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 _____ in. to _____ 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 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 _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.								
Casing height above land surface 0 in., weight _____ 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 6 Wire wrapped 9 Drilled holes								
			10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From 15 ft. to 30 ft. From _____ ft. to _____ ft.								
GRAVEL PACK INTERVALS: From 13 ft. to 30 ft. From _____ ft. to _____ ft.								
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Cement 0'-2'								
Grout intervals From 2 ft. to 13 ft. From _____ ft. to _____ 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 _____					
Direction from well? _____ How many feet? _____								
FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS								
0 1 Gravel								
3 5 Silty clay, brown, moist, slightly stiff, no odor or staining								
8 10 Silty clay, mottled reddish-brown/tan, moist, no odor								
13 15 Clay, slightly weathered, rust/brown, dry, some green stain, no odor								
18 20 Silty clay w/shale fragments, olive mottled reddish-tan, no odor, dry								
23 25 As above, WET at depth, no odor								
30 As above w/gravel pieces, REFUSAL								
RECEIVED								
JUL 11 2006								
BUREAU OF								
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) 4/18/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/yr) 6/2/06 under the business name of Larsen & Associates by (signature) <i>Kelly Quinn</i>								
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 SW 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

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SEC

RECEIVED

~~JUL 11 2006~~

~~BUREAU~~

Flushmount waiver by D. Taylor

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.