

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Cowley	NE ¼ NE ¼ NE ¼	5	T 31 S	R 3E E/W

Distance and direction from nearest town or city street address of well if located within city?

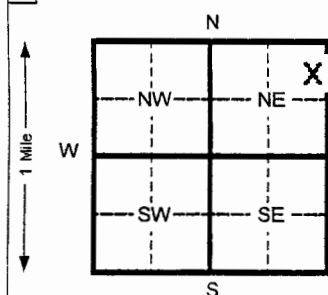
203 N. Clark, Udall KS2 WATER WELL OWNER: **KDHE-Bureau of Environmental Remediation**RR#, St. Address, Box #: **Robert Williams Property**

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 **29** ft. ELEVATION:

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **dry** 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 submittedWater 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)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	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 **14** ft. to **29** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **2** ft. to **12** 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 Cement 0'-2'
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Grout intervals From **2** ft. to **11** 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		Silty clay, very dry, stiff, brown, no odor			
3	5		As above, reddish-brown, no odor			
	7		Clay, slightly moist, very light tan			
8	10		Silty clay w/shale fragments, olive mottled w/ tan/reddish-orange, stiff, slightly moist, no odor			
13	15		As above, highly weathered at depth, crystallization, gypsum pieces/LS gravel			
	17		Silty clay, maroon, moist black silty clay, soft, petroleum odor			
18	20		Gypsum pieces, highly weathered at depth, olive mottled w/orange-tan, silty clay w/shale fragments, no odor			
23	25		As above, shale at depth, olive			
	29		REFUSAL			

Flushmount waiver by D. Taylor

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. KansasWater 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)

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

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