

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

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

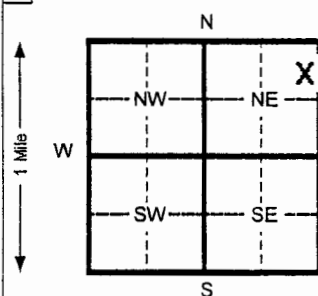
203 N. Clark, Udall KS2 WATER WELL OWNER: **KDHE-Bureau of Environmental Remediation**RR#, St. Address, Box # : **Robert Williams Property**

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 **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	
		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 **12** ft. to **29** ft. From _____ ft. to _____ ft.

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

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite **X** 4 Other **Cement 0'-2'**Grout intervals From **2** ft. to **12** 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, reddish-brown, soft, moist			
3	5		As above, more rust in color			
8	10		Silty clay w/shale fragments, dry, tan, gypsum crystals at depth, olive, moist, no odor			
13	15		As above, at depth shale w/gypsum, very hard, petroleum odor, very little recovery			
18	20		Silty clay w/shale, olive, weathered in some spots, very hard, no odor			
23	25		As above, very hard, increased shale content, dry, very little recovery			
	27		As above, friable limestone pieces, tan			
	30		As above, TD			

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 & Associatesby (signature) *[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