

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 3 (EW)

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

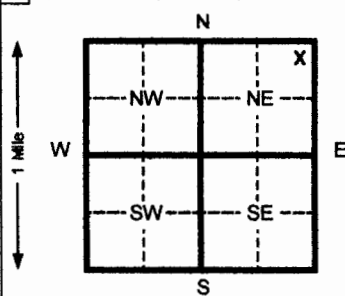
301 E. Highway K-15, Udall, KS2 WATER WELL OWNER: **Frank Kistler**RR#, St. Address, Box #: **305 N. Williams**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code: **Udall, KS 67146**

Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL

35 ft. ELEVATION:

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

WELL'S STATIC WATER LEVEL **24.01** ft. below land surface measured on mo/day/yr

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 **8** in. to **35** 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:

5 Wrought Iron 8 Concrete tile

CASING JOINTS: Glued _____ Clamped _____

1 Steel 3 RMP (SR)

6 Asbestos-Cement 9 Other (specify below)

(2) PVC 4 ABS

7 Fiberglass

Welded _____

Blank casing diameter **2** in. to **15** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.Casing height above land surface **0** in., weight **.716** lbs./ft. Wall thickness or gauge No. **.154**

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)

SCREEN OR PERFORATION OPENINGS ARE:

5 Gauzed wrapped

(8) Saw cut

11 None (open hole)

1 Continuous slot 3 Mill slot

6 Wire wrapped

9 Drilled holes

2 Louvered shutter 4 Key punched

7 Torch cut

10 Other (specify)

SCREEN-PERFORATED INTERVALS:

From **35** ft. to **15** ft. From _____ ft. to _____ ft.

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

GRAVEL PACK INTERVALS:

From **35** ft. to **13** 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 **13** ft. to **1** 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)**Contaminated site**

Direction from well?

How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5		Grass/gravel surface	20	21	Clay, olive green, moist, stiff, non-plastic
0.5	3		Silt, black, very moist, non-plastic			With caliche nodules
			With limestone fragments (gravel)	21	35	Clay, olive green, very moist, soft, non-plastic,
3	5		Silty clay, olive green w/ brwn mottling,			With caliche nodules
			Dry, stiff, non-plastic w/ caliche			
5	10		Silty clay, tan w/ brwn mottling, dry,			
			Stiff, non-plastic, w/ caliche nodules			
10	11		Clay, olive green, moist, stiff,			
			Non-plastic, w/ caliche			
11	15		Clay, brwn w/ iron staining, moist, soft,			
			Non-plastic			
15	20		Clay, olive green w/ iron staining, moist,			
			Soft, non-plastic			

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) **11-28-06**

and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. **554**This Water Well Record was completed on (mo/day/yr) **2-7-07**

under the business name of

Woofert Pump & Well, 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.