

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Cowley</b>	<b>NW ¼ NW ¼ NW ¼</b>	<b>4</b>	<b>T 31 S</b>	<b>R 3 E</b>

Distance and direction from nearest town or city street address of well if located within city?  
**30' E, 26' S of Utility Pole on SE Corner of K-15 and N. Williams., Udall**

2 WATER WELL OWNER: **Kistler Service, Inc.**

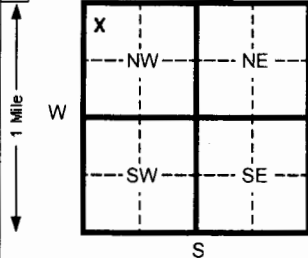
RR#, St. Address, Box # : **301 E. Hwy K-15**

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

**30** ft. ELEVATION: **1270.32 (TOC)**

Depth(s) Groundwater Encountered 1 **Dry** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL **13.75** ft. below land surface measured on mo/day/yr **01/07/08**

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 **8.5** 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:

1 Steel 3 RMP (SR)

**2 PVC** 4 ABS

5 Wrought Iron 8 Concrete tile

6 Asbestos-Cement 9 Other (specify below)

7 Fiberglass

CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_

Welded \_\_\_\_\_

**Threaded Flush**

Blank casing diameter **2** in. to **15** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **Flushmount** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel

2 Brass 4 Galvanized steel

5 Fiberglass

6 Concrete tile

**7 PVC** 10 Asbestos-cement

8 RMP (SR)

9 ABS

11 Other (specify)

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot

2 Louvered shutter

**3 Mill slot**

4 Key punched

5 Gauzed wrapped

6 Wire wrapped

7 Torch cut

8 Saw cut

9 Drilled holes

10 Other (specify)

11 None (open hole)

SCREEN-PERFORATED INTERVALS: From **15** ft. to **30** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **13** ft. to **35** 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 **1** ft. to **13** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

1 Septic tank

2 Sewer lines

3 Watertight sewer lines

4 Lateral lines

5 Cess pool

6 Seepage pit

7 Pit privy

8 Sewage lagoon

9 Feedyard

10 Livestock pens

11 Fuel storage

12 Fertilizer storage

13 Insecticide storage

14 Abandoned water well

15 Oil well/ Gas well

16 Other (specify below)

Direction from well?

How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5		<b>Topsoil</b>			
0.5	2		<b>Clay, medium brown</b>			
			<b>Shale, weathered, olive green to medium gray, some silt, caliche, limestone lenses, and crystalline calcium carbonate</b>			
2	15					

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) **01/16/08**

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

Water Well Contractor's License No. **531**

This Water Well Record was completed on (mo/day/yr) **01/29/08**

under the business name of **Geotechnical Services Inc.**

by (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.