

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Montgomery</b>	<b>SW</b> ¼ <b>NE</b> ¼ <b>NW</b> ¼	<b>36</b>	T <b>32</b> S	R <b>15</b> <b>(EW)</b>

Distance and direction from nearest town or city street address of well if located within city?  
**100 N. 25<sup>th</sup> Street, Independence, Kansas**

2 WATER WELL OWNER: **Crescent Oil Company**  
 RR#, St. Address, Box # : **1020 Sycamore Street** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Independence, Kansas 67301** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <b>7.25</b> ft. ELEVATION:
	Depth(s) Groundwater Encountered 1 <b>6.5</b> ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL <b>4.75</b> ft. below land surface measured on mo/day/yr <b>10/17/07</b>
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
	Est. Yield <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
	Bore Hole Diameter <b>6.5</b> in. to <b>7.25</b> ft. and _____ in. to _____ ft.

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 <b>X</b>

Blank casing diameter **2.375** in. to **3.25** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **Flush Mount** in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. **Schedule 40**

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 **7.25** ft. to **3.25** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **7.25** ft. to **2.50** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals From **0.00** ft. to **1.00** ft. From **1.00** ft. to **2.50** 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 (former)	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? **Northeast** How many feet? **50**

FROM	TO	CODE	LITHOLOGIC LOG
0.00	5.50		Red brown-brown very silty clay, firm, moist
5.50	6.50		Olive green very silty clay, firm, moist, trace hydrocarbon odor
6.50	7.00		Olive green very silty clay, limestone stringers, firm, wet
7.00	7.25		Limestone
<b>Flush-mount well completion waiver existent for site.</b>			

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) **10/17/07** and this record is true to the best of my knowledge and belief. **Kansas**

Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **10/19/07**

under the business name of **Quad State 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 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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