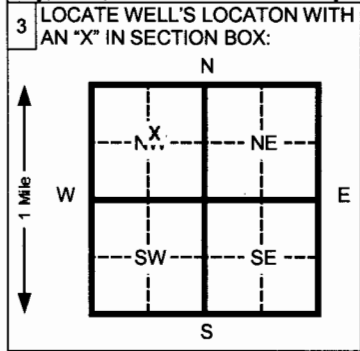


1 LOCATION OF WATER WELL:	Fraction <b>SW</b> $\frac{1}{4}$ <b>NE</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$	Section Number <b>36</b>	Township Number <b>T 32 S</b>	Range Number <b>R 15</b> <span style="float:right">EW</span>
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County: **Montgomery**

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: <b>Crescent Oil Company</b> RR#, St. Address, Box # : <b>1020 Sycamore Street</b> City, State, ZIP Code : <b>Independence, Kansas 67301</b>	Board of Agriculture, Division of Water Resources Application Number:
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4 DEPTH OF COMPLETED WELL: **6.0** ft. ELEVATION: \_\_\_\_\_

Depth(s) Groundwater Encountered 1 **5.75** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL **4.85** ft. below land surface measured on mo/day/yr **10/17/07**

Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Est. Yield **NA** gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Bore Hole Diameter **6.5** in. to **6.0** 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 _____
<b>2</b> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below) _____	Welded _____
		7 Fiberglass		Threaded _____ <b>X</b>

Blank casing diameter **2.375** in. to **3.0** 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	<b>7</b> PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<b>3</b> 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 **6.0** ft. to **3.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

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

GRAVEL PACK INTERVALS: From **6.0** ft. to **2.5** 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 **0.0** ft. to **1.0** ft. From **1.0** ft. to **2.5** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	<b>10</b> Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	<b>11</b> 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? **North** How many feet? **70**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.5		Asphalt/Concrete
0.5	2.0		Gray-brown very silty clay, firm, moist
2.0	2.5		Brick
2.5	6.0		Gray-brown very silty clay, firm, moist, wet @5.75'
6.0			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) \_\_\_\_\_

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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