

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sumner	SW ¼ SW ¼ SW ¼	12	T 32 S	R 02 E

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

202 N. Sumner

2 WATER WELL OWNER: James Schiff	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # : RR 3, Box 66A	Application Number:
City, State, ZIP Code : Udall, KS 67146	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 45 ft. ELEVATION: 1178.09 (TOC)
	Depth(s) Groundwater Encountered 1 40 ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr
	Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
	Bore Hole Diameter 8.25 in. to 45 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) Welded _____
2 PVC 4 ABS	7 Fiberglass _____ Threaded _____ Flush _____
Blank casing diameter 2 in. to 30 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	
Casing height above land surface Flush in., weight 0.703 lbs./ft. Wall thickness or gauge No. SCH. 40	
TYPE OF SCREEN OR PERFORATION MATERIAL:	
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____	10 Asbestos-cement
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 30 ft. to 45 ft. From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From 27.5 ft. to 30 ft. From _____ ft. to _____ ft.	

6 GROUT MATERIAL:	1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
Grout Intervals From 1 ft. to 27.5 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	0.3		Asphalt			
0.3	5.5		Clay, high plast., no odor, dark gray			
5.5	10		Silty Clay, soft, no odor, gray brown mottled			
10	30		Clay, blocky, stiff, high plasticity, Greenish gray, w/ olive staining			
15			Some silt, red brown w/ orange staining			
22			Mottled w/ lt gray			
26			Altern. 4" layers of sand & sandy clay			
30	35		Sand, fine/coarse, poorly sorted, no odor			
35	41		Clay, with coarse sand, HC odor			
41	42		Claystone, blocky, lt gray green			

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) 6/2/06 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) 6/8/06 under the business name of Geotechnical Services Inc. by (signature) _____
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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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