

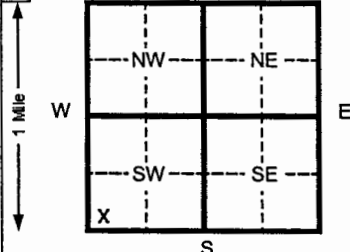
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sumner	SW ¼ SW ¼ SW ¼	12	T 32 S	R 02 E

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**
 RR#, St. Address, Box # : **RR 3, Box 66A** 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 **45** ft. ELEVATION: **1177.98 (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
 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 **8.25** 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 **Flush**
 Threaded _____

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: **7 PVC** 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

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 **30** ft. to **45** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **27** ft. to **30** 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 **27** 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	.5		Topsoil			
.5	25		Clay, high plast., few gravel inclusions			
10			Very stiff, dark brown, mottled w/ lt gray			
15			Stiff, red brown, some black staining			
20			Mod. Stiff, high plast., slightly moist			
25	30		Silty Clay, mod, stiff, high plasticity			
30	30.5		Clay, stiff, light gray, slightly moist			
30.5	32		Sand w/ clay, well sorted, moist, no odor, orange brown			
32	33		Shale, lt gray with drk gray bands			
33	41.5		Sand, fine /med, no odor, orange brown			
41.5	45		Claystone, blocky, med. stiff,			

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) _____

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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