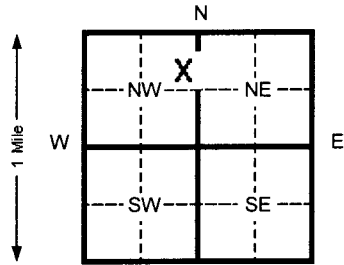


1 LOCATION OF WATER WELL: Fraction **SE ¼ NE ¼ NW ¼** Section Number **19** Township Number **T 33 S** Range Number **R 4 E**  
 County: **Cowley**

Distance and direction from nearest town or city street address of well if located within city?  
**Stoother Field, 5<sup>th</sup> and Tupper, Arkansas City, KS**

2 WATER WELL OWNER: **Current Aircraft**  
 RR#, St. Address, Box #: **Strother Field, 5<sup>th</sup> and tupper** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Arkansas City, KS 67005** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **15** ft. ELEVATION:  
 Depth(s) Groundwater Encountered **6.00** ft. 2 ft. 3 ft. Ft.  
 WELL'S STATIC WATER LEVEL **3.05** ft. below land surface measured on mo/day/yr **7/21/2009**  
 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 **8.625** in. to **15** 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** **MW-5**  
 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 \_\_\_\_\_  
 2 **PVC** 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
 7 Fiberglass \_\_\_\_\_ Threaded **X**  
 Blank casing diameter **2** in. to **3** Ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **FLUSH** in., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. \_\_\_\_\_  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 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:  
 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 **3** ft. to **15** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 SAND PACK INTERVALS: From **2** ft. to **15** 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 2 **0** Ft. to **2** Ft. From 3 \_\_\_\_\_ 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 **Contaminated Site**  
 Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1		Topsoil, dark brown, firm			
1	3		Silty Clay, dark brown, soft			
3	15		Silty Clay, Soft, no odor			
15	TD		End Borehole			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w  
 Completed on (mo/day/yr) **7/21/2009** And this record is true to the best of my knowledge and belief. Kansas  
 Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **8/12/2009**  
 under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J Johnson**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

*Bradley J Johnson*

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