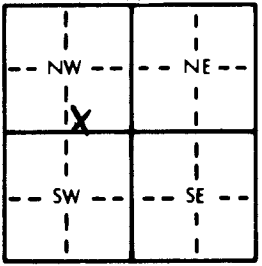


1 LOCATION OF WATER WELL: County: Cloud	Fraction SW 1/4 SE 1/4 NW 1/4	Section Number 33	Township Number T 5 S	Range Number R 3
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Distance and direction from nearest town or city street address of well if located within city?
603 Lincoln, Concordia, Ks S side of 5th between Washington + Broadway

2 WATER WELL OWNER:
 RR#, St. Address, Box # : **City of Concordia Attn: Chad Olsen** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **P.O. Box 603 Concordia, Ks 66901** Application Number: _____

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


4 DEPTH OF COMPLETED WELL: **30** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. **24** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **23.86** ft. below land surface measured on mo/day/yr **7/9/96**
 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 **30** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well **MW-15**
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was sub-
 mitted _____ 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 7 Fiberglass 9 Other (specify below) Welded _____
 Blank casing diameter **2** in. to **30** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface _____ in., weight **SCH 40 PVC** lbs./ft. Wall thickness or gauge No. _____
 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 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 7 Torch cut 9 Drilled holes 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **20** ft. to **30** ft., From _____ ft. to _____ ft.
SAND GRAVEL PACK INTERVALS: From **19** ft. to **30** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL 2 1 Neat cement 17 2 Cement grout 3 17 3 Bentonite 19 Other _____
 Grout Intervals: From **0** ft. to **17** ft., From **17** ft. to **19** 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)
 Direction from well? _____ How many feet? _____
Contaminated site

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
CL	1.00	Asphalt			
	1.00	fill			
	2.00	Silty Clay (CL)			
	22.00	Clayey Silt (ML)			
	30.00	End of borehole			

Flush Mount Waiver
5/14/96 Don Taylor

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/year) **6/19/96** 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) _____ under the business name of **Associated Environmental, Inc.** by (signature) *John J. ...*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to 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.

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T
R
EW
SEC.