

LOCATION OF WATER WELL: County: Cloud 015 Fraction: SE $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$ Section Number: 33 Township Number: T 5 S Range Number: R 3 W

Distance and direction from nearest town or city street address of well if located within city?
103 W. 7th

WATER WELL OWNER: Hairscope
 RR#, St. Address, Box #: 103 W. 7th
 City, State, ZIP Code: Concordia, Kansas 67054
 Board of Agriculture, Division of Water Resources
 Application Number: _____

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

N			
W	NW	NE	E
	SW	X	SE
		S	

DEPTH OF COMPLETED WELL: 40 ft. ELEVATION: 1374.5
 Depth(s) Groundwater Encountered 1. 28.2 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr 1/31/95
 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 _____ in. to _____ 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 0 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

TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded X
 Blank casing diameter _____ in. to 23 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface -2.2 in., weight _____ lbs./ft. Wall thickness or gauge No. Sch. 40

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 11 None (open hole) 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 23 ft. to 38 ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 21 ft. to 38 ft., From _____ ft. to _____ ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 19 ft., From 19 ft. to 21 ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 6 Other (specify below) UST
 Direction from well? N How many feet? 20

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Concrete,			MW10
0.5	3	Clay, Medium to Dark Brown			GeoCore # 102 Flush-mount Cover
3	8	Clay, Medium to Dark Brown			KDHE # 05015857 Tag # 111658
8	11	Clay, Medium Brown			
11	21.5	Clay, Medium Brown			
22	28	Clay, Medium Gray			
28	34	Clay, Medium Gray			
34	40	Clay, Medium Gray to Brown			

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) 1/31/95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 2/13/95
 under the business name of GeoCore Services, Inc. by (signature) [Signature]

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