

1 LOCATION OF WATER WELL: County: <b>Cloud</b>	Fraction <b>NE ¼ NW ¼ NW ¼</b>	Section Number <b>4</b>	Township Number T <b>6</b> S	Range Number R <b>3</b> <del>E/W</del>
---	-----------------------------------	----------------------------	---------------------------------	---

Distance and direction from nearest town or city street address of well if located within city?  
**In city limits - 1415 State St., Concordia, KS**

2 WATER WELL OWNER: **Cybil Rhea**  
 RR#, St. Address, Box # : **1415 State St.**  
 City, State, ZIP Code : **Concordia, KS 66901**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL ..... <b>160</b> ..... ft. ELEVATION: .....
--	---

Depth(s) Groundwater Encountered 1 ..... 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 ....**20-25**gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

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
2 Irrigation	4 Industrial	9 Dewatering
		12 Other (Specify below)

~~Domestic (lawn & garden)~~ 10 Monitoring well .....

Was a chemical/bacteriological sample submitted to Department? Yes ..... No  ..... ; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes  No

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped .....
<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded .....
		7 Fiberglass		Threaded .....

Blank casing diameter ..... **5** ..... in. to ..... **140** ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface ..... **12** ..... in., weight ..... **2.37** ..... lbs./ft. Wall thickness or guage No. .... **.214** .....

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="checkbox"/> PVC	10 Asbestos-Cement
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RMP (SR)	11 Other (Specify) .....
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<input checked="" type="checkbox"/> Mill slot	5 Guazed 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) .....	ft.

SCREEN-PERFORATED INTERVALS: From ..... **140** ..... ft. to ..... **160** ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... **25** ..... ft. to ..... **160** ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout  Bentonite 4 Other .....

Grout Intervals: From ..... **0** ..... ft. to ..... **25** ..... 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
<input checked="" type="checkbox"/> Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? **West** How many feet? **100**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<b>0</b>	<b>2</b>	<b>Topsoil</b>			
<b>2</b>	<b>11</b>	<b>Clay, tan</b>			
<b>11</b>	<b>42</b>	<b>Shale, gray</b>			
<b>42</b>	<b>75</b>	<b>Sandstone</b>			
<b>75</b>	<b>81</b>	<b>Shale, gray</b>			
<b>81</b>	<b>160</b>	<b>Sandstone with small shale layers</b>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ( constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... **10/1/02** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No ..... **138** ..... This Water Well Record was completed on (mo/day/yr) ..... **10/3/02** ..... under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peterson*

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.