

1 LOCATION OF WATER WELL:	Fraction <u>SE SW NW NE</u>	Section Number	Township Number	Range Number
County: <b>Cloud</b>	<b>NW</b> ¼ <b>SW</b> ¼ <b>NE</b> ¼	<b>5</b>	T <b>6</b> S	R <b>3</b> <b>E/W</b>

Distance and direction from nearest town or city street address of well if located within city?  
**In city limits - 1325 Crescent Lane, Concordia, KS**

2 WATER WELL OWNER: <b>Dan Farha</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # : <b>1325 Crescent Lane</b>	Application Number:
City, State, ZIP Code : <b>Concordia, KS 66901</b>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <b>155</b> ft. ELEVATION:
	Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft.
	WELL'S STATIC WATER LEVEL <b>78</b> ft. below land surface measured on mo/day/yr <b>7/28/03</b>
	Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm
	Est. Yield <b>15-20</b> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm
	WELL WATER TO BE USED AS:
	1 Domestic      3 Feedlot      5 Public water supply      8 Air conditioning      11 Injection well
	2 Irrigation    4 Industrial      6 Oil field water supply    9 Dewatering            12 Other (Specify below)
	<input checked="" type="checkbox"/> Domestic (lawn & garden)    10 Monitoring well
	Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted
	Water Well Disinfected? Yes <input checked="" type="checkbox"/> No

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
<input checked="" type="checkbox"/> PVC	4 ABS	7 Fiberglass	Welded
			Threaded
Blank casing diameter <b>5</b> in. to <b>145</b> ft., Dia			
Casing height above land surface <b>12</b> in., weight <b>2.37</b> lbs./ft. Wall thickness or guage No. <b>214</b>			
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="checkbox"/> PVC
2 Brass	4 Galvanized Steel	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	<input checked="" type="checkbox"/> Mill slot	5 Gauzed wrapped	8 Saw cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes
		7 Torch cut	11 None (open hole)
			10 Other (specify) ..... ft.
SCREEN-PERFORATED INTERVALS: From <b>145</b> ft. to <b>155</b> ft., From ..... ft. to ..... ft.			
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>155</b> ft., From ..... ft. to ..... ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite <input checked="" type="checkbox"/>	4 Other
Grout Intervals: From <b>0</b> ft. to <b>20</b> 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? <b>West</b>			How many feet? <b>100</b>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	17	Clay, tan			
17	23	Sandstone			
23	71	Shale, gray			
71	110	Shale, gray with sandstone layers			
110	159	Sandstone			
159	160	Shale, gray			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ( <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>7/30/03</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No <b>138</b> This Water Well Record was completed on (mo/day/yr) <b>8/8/03</b> under the business name of <b>Peterson Irrigation, Inc.</b> by (signature) <i>Mike Peters</i>	
--	--

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.