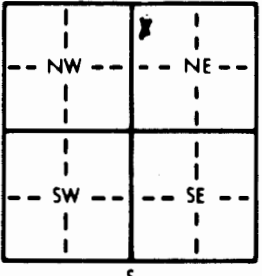


1 LOCATION OF WATER WELL: County: **Cloud** Fraction: **NW 1/4 NW 1/4 NE 1/4** Section Number: **34** Township Number: **T 6 S** Range Number: **R 3 EW**

Distance and direction from nearest town or city street address of well if located within city?
3 mile south 1 1/2 east 1/4 south Concordia

2 WATER WELL OWNER: **Allen Huff**
 RR#, St. Address, Box # :
 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: **140'** 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 **25** gpm: Well water was ft. after hours pumping gpm
 Bore Hole Diameter: **8"** in. to **140'** ft., and in. to ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 X1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Was a chemical/bacteriological sample submitted to Department? Yes..... No. **X**.....; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped
 X2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded
 Blank casing diameter **5"** in. to **128** ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface **12** in., weight **3** lbs./ft. Wall thickness or gauge No. **258**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass X7 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:
 5 Gauzed wrapped X8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)
 SCREEN-PERFORATED INTERVALS: From **128** ft. to **140** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **140** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout X3 Bentonite 4 Other
 Grout Intervals: From **0** ft. to **20** ft., From ft. to ft., From ft. to ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines NONE 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
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Top Soil			
3	21	Clay			
21	26	Limerock			
26	78	Clay			
78	81	Sandrock			
98	117	Clay			
117	140	Sandrock (good)			
140		Stopped			

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) **6-15-92** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **361** This Water Well Record was completed on (mo/day/yr) **6-16-92** under the business name of **Cox-Beswick Irr. Service Inc.** by (signature) *Allen Huff*

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.