

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Cloud</b>		<b>SW</b> $\frac{1}{4}$ <b>SE</b> $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$	<b>10</b>	<b>T 07 S</b>	<b>R 02 W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>291 E. Main St</b>					
2 WATER WELL OWNER:		<b>KDHE</b>			
RR#, St. Address, Box # :		<b>1000 SW Jackson Suite 410</b>			
City, State, ZIP Code :		<b>Topeka, KS 66612</b>			
		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>25</b> ft. ELEVATION: <b>99.52 (TOC)</b>			
		Depth(s) Groundwater Encountered 1 <b>22</b> ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <b>22.43</b> ft. below land surface measured on mo/day/yr <b>3-28-06</b>			
		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 <b>8.5</b> in. to <b>25</b> ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well			
		1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <b>10 Monitoring well</b>			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <b>X</b>			
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____					
<b>2 PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____					
7 Fiberglass <b>Threaded Flush</b>					
Blank casing diameter <b>2</b> in. to <b>10</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <b>Flushmount</b> in., weight <b>0.703</b> lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>					
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 11 Other (specify) _____					
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 6 Wire wrapped 9 Drilled holes					
7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <b>10</b> ft. to <b>25</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>8</b> ft. to <b>25</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other _____					
Grout intervals From <b>1</b> ft. to <b>8</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					
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	CODE	LITHOLOGIC LOG	FROM	TO
<b>0</b>	<b>1</b>		<b>Topsoil</b>		
<b>1</b>	<b>5</b>	<b>CL</b>	<b>Clay, stiff to very stiff</b>		
<b>5</b>	<b>10</b>	<b>CL-ML</b>	<b>Silty Clay, mod stiff to stiff, low plasticity, tan</b>		
<b>10</b>	<b>15</b>	<b>CH</b>	<b>Clay, med stiff, med to high plasticity, red brown</b>		
<b>15</b>	<b>17</b>	<b>SP-SC</b>	<b>Sand with Clay, fine to med grain, well sorted, mod plasticity, orange tan</b>		
<b>17</b>	<b>20</b>		<b>Sandstone, hard</b>		
<b>20</b>	<b>23.5</b>	<b>SP</b>	<b>Sand, fine to med grain, well sorted, gray</b>		
<b>23.5</b>	<b>25</b>	<b>CH</b>	<b>Clay, med stiff to stiff, high plasticity, red brown</b>		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>3-28-06</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>4-14-06</b>					
under the business name of <b>Geotechnical Services, Inc.</b> by (signature) <i>[Signature]</i>					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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