

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Cloud		SW $\frac{1}{4}$ SE $\frac{1}{4}$ SW $\frac{1}{4}$	10	T 07 S	R 02 W
Distance and direction from nearest town or city street address of well if located within city? 291 E. Main St					
2 WATER WELL OWNER:		KDHE			
RR#, St. Address, Box #		1000 SW Jackson Suite 410			
City, State, ZIP Code		Topeka, KS 66612			
		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 25 ft. ELEVATION: 92.25 (TOC)			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL Dry ft. below land surface measured on mo/day/yr 3-28-06			
		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 8.5 in. to 25 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) 10 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			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought Iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
				8 Concrete tile	
				9 Other (specify below)	
				CASING JOINTS: Glued _____ Clamped _____	
				Welded _____	
				Threaded Flush	
Blank casing diameter 2 in. to 10 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface Flushmount in., weight 0.703 lbs./ft. Wall thickness or gauge No. Sch. 40					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 RMP (SR)	
				8 ABS	
				9 Asbestos-cement	
				10 Other (specify)	
				11 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify)	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From 10 ft. to 25 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 8 ft. to 25 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals From 1 ft. to 8 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below)	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	1		Topsoil		
1	5	CH	Clay, stiff to very stiff, high plasticity, brown		
5	10	ML	Silt, very stiff, no plasticity, granular, light gray, some fine sand		
10	15	MLS	Silt, with fine sand and clay, stiff to very stiff, blocky, granular, red brown		
15	20.5	CH	Clay, stiff, very high plasticity, red brown		
20.5	21	CH	Clay, very stiff, high plasticity, light gray with orange		
21	25		Claystone, light gray mottled with red		
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/yr) 3-28-06 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 4-14-06					
under the business name of Geotechnical Services, Inc. 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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