

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 30 ft. ELEVATION: 100.64 (TOC)			
		Depth(s) Groundwater Encountered 1 27 ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 23.43 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 30 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 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____	
2 PVC		4 ABS		6 Asbestos-Cement 9 Other (specify below) Welded _____	
		7 Fiberglass		Threaded Flush	
Blank casing diameter 2 in. to 15 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) 11 Other (specify) _____	
				9 ABS 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 15 ft. to 30 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 13 ft. to 30 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout intervals From 1 ft. to 13 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 14 Abandoned water well	
				11 Fuel storage 15 Oil well/ Gas well	
				12 Fertilizer storage 16 Other (specify below) _____	
				13 Insecticide storage	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	1.5		Topsoil		
1.5	10	CH	Clay, some silt, stiff to very stiff, mod to high plasticity, brown to red brown		
10	15		Claystone, very stiff, high plasticity, blocky, mottled red and light gray		
15	17.5		Sandstone, w/ silt, med stiff, very fine to fine grained, well sorted, orange tan		
17.5	19		Sandstone/siltstone, fine grained, hard, cemented, orange tan		
19	25	SP	Sand, fine to med grain, well sorted, orange tan		
25	30	CL	Clay, stiff to very stiff, low plasticity, blocky, red brown		
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) _____					
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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