

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Cloud</u>		<u>NW 1/4 NE 1/4 SE 1/4</u>	<u>33</u>	<u>T 7 S</u>	<u>R 4 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From Glasco Co 4 miles East To 52 Rd Go 2 miles North + 1/2 West on Rain Rd.</u>					
2 WATER WELL OWNER: <u>Jordan Family Farm & Trust</u>					
RR#, St. Address, Box #: <u>2925 Gainsboro</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code: <u>Topeka, KS 66614</u>				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>120'</u> ft. ELEVATION: <u>120'</u> ft.			
		Depth(s) Groundwater Encountered <u>1</u> ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>80</u> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>10</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter: <u>7</u> in. to <u>120</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well			
		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well			
Was a chemical/bacteriological sample submitted to Department? Yes. _____ No. _____; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes _____ No _____					
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 _____	
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface _____ in., weight <u>Sch. 40</u> lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE: <u>25/1000'</u>					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		10 Livestock pens	
2 Sewer lines		5 Cess pool		11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit		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	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
1	17	Brown Clay			
17	21	Yellow Shale			
21	26	Brown Shale			
26	31	Sand Stone			
31	45	Grey Shale			
45	49	Limestone			
49	54	Yellow Shale			
54	59	Brown Shale			
59	65	Limestone			
65	70	Grey Shale			
70	96	Brown Shale (water)			
96	112	Limestone			
112	120	Grey Shale			
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) <u>8/27/2002</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <u>451</u> This Water Well Record was completed on (mo/day/yr) <u>10/14/2002</u> under the business name of <u>Haldeman Well Drilling</u> by (signature) <u>W. Haldeman</u> CWD/PS					
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, Topeka, Kansas 66620-0001. Telephone 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					