

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Cloud		NE ¼ SW ¼ NE ¼		14		T 08 S		R 05 W	
Distance and direction from nearest town or city street address of well if located within city? 20 ft. North of Intersection of Second and West Streets, west side, Glasco									
2 WATER WELL OWNER: KDHE-BER									
RR#, St. Address, Box #: 1000 SW Jackson St. Ste 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: 1316.72 (TOC)							
		Depth(s) Groundwater Encountered 1 none ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL 15.89 ft. below land surface measured on mo/day/yr 3-10-06							
		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 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 20 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 8 RMP (SR) 11 Other (specify) _____									
2 Brass 4 Galvanized steel 6 Concrete tile 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 7 Wire wrapped 9 Drilled holes 12 Other (specify) _____									
3 Torch cut 10 _____									
SCREEN-PERFORATED INTERVALS: From 20 ft. to 25 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 18 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 16 ft. From 16 ft. to 18 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	CODE	LITHOLOGIC LOG		
0	2	CL	Clay, dark brown, firm, moderate plasticity						
			Clay, med brown, low to moderate plasticity, silty, very stiff, trace caliche						
2	5	CL							
5	7	CL	Clay, med brown, soft to firm, mod plasticity						
7	9	CL	Clay, light brown, stiff, low plasticity, trace silt						
			Clay, light gray/brown, stiff, low plasticity, trace silt						
9	10	CL							
10	12.5	CL	Clay, light brown, stiff, low plasticity, trace silt						
			Clay, light brown, soft, mod to high plasticity, silty						
12.5	15	CL							
15	18	CL	Clay, dark brown, mod grout						
			Clay, med brown, very silty, soft, mod to high plasticity						
18	25	CH							
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) 3-7-06 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) 4-22-06									
under the business name of Geotechnical Services, Inc. by (signature) <i>Alison [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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