

|                                                   |                                   |                             |                                 |                              |
|---------------------------------------------------|-----------------------------------|-----------------------------|---------------------------------|------------------------------|
| 1 LOCATION OF WATER WELL:<br>County: <b>Cloud</b> | Fraction<br><b>NE ¼ NW ¼ NW ¼</b> | Section Number<br><b>13</b> | Township Number<br><b>T 8 S</b> | Range Number<br><b>R 5 E</b> |
|---------------------------------------------------|-----------------------------------|-----------------------------|---------------------------------|------------------------------|

Distance and direction from nearest town or city street address of well if located within city?

**SE corner of Elm & Birch, Glasco**2 WATER WELL OWNER: **Kansas Dept. of Health & Environment**RR#, St. Address, Box # : **1000 SW Jackson St., Suite 410**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **Topeka, Kansas 66612-1367**

Application Number:

## 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

|                            |   |                                          |    |
|----------------------------|---|------------------------------------------|----|
| 1 Mile<br>↑<br>W<br>↓<br>S | N | <div style="text-align: center;">X</div> |    |
|                            |   | NW                                       | NE |
|                            |   | SW                                       | SE |

4 DEPTH OF COMPLETED WELL: **30** ft ELEVATION: **1328.13**Depth(s) Groundwater Encountered 1. **23** ft 2. ft 3. ftWELL'S STATIC WATER LEVEL **17.41** ft below land surface measured on mo/day/yr **7/13/2009**Pump test data: Well water was **NA** ft after hours pumping gpmEst. Yield **NA** gpm: Well water was ft after hours pumping gpmBore Hole Diameter **8** 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 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Lawn and garden only **10 Monitoring well**Was a chemical/bacteriological sample submitted to Department? Yes.....No ☒ ; If yes, mo/day/yr sample was submittedWater Well Disinfected? Yes No ☒

## 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) WeldedBlank casing diameter **2** in. to **15** ft, Dia in. to ft, Dia in. to ftCasing height above land surface **-4.68** in., weight lbs./ft. Wall thickness or gauge No. **Sch. 40**

## TYPE OF SCREEN OR PERFORATION MATERIAL

1 Steel 3 Stainless steel 5 Fiberglass **7** PVC 10 Asbestos-cement

2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)

1 Continuous slot **3** Mill slot 6 Wire wrapped 9 Drilled holes

2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **15** ft to **30** ft, From ft to ft

From ft to ft, From ft to ft

GRAVEL PACK INTERVALS: From **13** ft to **30** ft, From ft to ft

From ft to ft, From ft to ft

6 GROUT MATERIAL: 1 Neat cement **2** Cement grout **3** Bentonite 4 OtherGrout intervals: From **0** ft to **1** ft, From **1** ft to **13** ft, From ft to ft

What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well

1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well

2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)

3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage

Direction from well? How many feet?

## FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

**0 5 Clay, silty, Dark Brown****5 14 Clay, silty, Brown****14 19 Clay, Yellow Brown****19 23 Clay, sandy, Yellow Brown mottled Lt. Gray****23 26 Clay, w/sand stringers (vf), Yellow Brown****26 29 Sand (vf-m), Lt. Brown****29 30 Clay, Yellow 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/year) **7/8/2009** and this record is true to the best of my knowledge and belief.Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **7/22/2009**under the business name of **GeoCore, Inc.** by (signature) *Joe Bell*

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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.