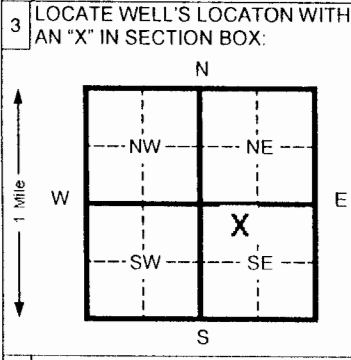


1 LOCATION OF WATER WELL: County: **Douglas** Fraction: **NE 1/4 NW 1/4 SE 1/4** Section Number: **28** Township Number: **T 12 S** Range Number: **R 20 EW**

2 WATER WELL OWNER: **Irene S. Vogel Trustee**
 RR#, St. Address, Box #: **PO Box 429** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Lawrence, KS 66044** Application Number: **46709**



4 DEPTH OF COMPLETED WELL: **55** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered: 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL: **10** ft. below land surface measured on (mo/day/yr) _____
 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: **28** in. to **55** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 2 Irrigation 3 Feed lot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below)
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes **X** No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued **X** Clamped Welded Threaded
 Blank casing diameter: **16** in. to **15** ft., Dia _____ in. to _____ ft. lbs./ft. Wall thickness or gauge No. **.500**
 Casing height above land surface: **24** in., weight **16.15** lbs./ft.
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 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:
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From **15** ft. to **55** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **10** ft. to **55** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals From **0** ft. to **10** ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 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	PLUGGING INTERVALS
0	2		Surface			
2	10		Loess			
10	30		Fine to med sand with clay lens			
30	45		Med sand & gravel w/ clay lens			
45	55		Med sand & gravel w/cobbles			

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) **2-25-09** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **1783** This Water Well Record was completed on (mo/day/yr) **2-27-09** under the business name of **Woofter Pump & Well Inc.** by (signature) *[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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