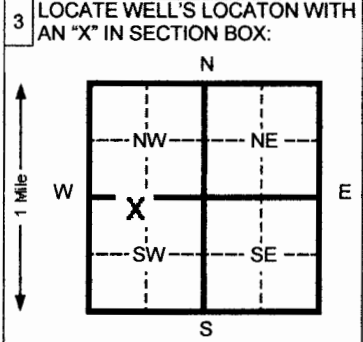


1 LOCATION OF WATER WELL: County: <b>Geary</b>	Fraction <b>NW ¼ NW ¼ SW ¼</b>	Section Number <b>30</b>	Township Number <b>T 12 S</b>	Range Number <b>R 5</b> <span style="float:right;">EW</span>
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Distance and direction from nearest town or city street address of well if located within city?  
**LOT 9 OF 30-12-5**

2 WATER WELL OWNER: **David Hildebrand**  
 RR#, St. Address, Box # : **55s26 W Rucker Rd**  
 City, State, ZIP Code : **Junction City, Ks**  
 Board of Agriculture, Division of Water Resources  
 Application Number: **46,020**



4 DEPTH OF COMPLETED WELL **52** ft. ELEVATION: \_\_\_\_\_

Depth(s) Groundwater Encountered 1 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL \_\_\_\_\_ 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 **24** in. to **52** 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 **X** No \_\_\_\_\_

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <b>X</b> Clamped _____
<b>2 PVC</b>	4 ABS	6 Asbestos-Cement	9 Other (specify below) _____	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter **16** in. to **12** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **24** in., weight **16.15** lbs./ft. Wall thickness or gauge No. **.500**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
				12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	<b>8 Saw cut</b>	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 **12** ft. to **52** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **10** ft. to **52** 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. 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	PLUGGING INTERVALS
<b>0</b>	<b>3</b>		<b>Surface</b>			
<b>3</b>	<b>10</b>		<b>Loess</b>			
<b>10</b>	<b>14</b>		<b>Soft clay</b>			
<b>14</b>	<b>17</b>		<b>Med sand gravel</b>			
<b>17</b>	<b>18</b>		<b>Med sand w/clay</b>			
<b>18</b>	<b>21</b>		<b>Med sand w/fine clay lenses</b>			
<b>21</b>	<b>30</b>		<b>Med sand &amp; gravel, loose</b>			
<b>30</b>	<b>36</b>		<b>River mud w/sand</b>			
<b>36</b>	<b>37</b>		<b>Clay</b>			
<b>37</b>	<b>52</b>		<b>Med sand gravel flat rocks,</b>			
			<b>Loose</b>			
<b>52</b>			<b>Flint</b>			

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) **4-12-05** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **5-20-05** under the business name of **Woofter Pump & Well 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.