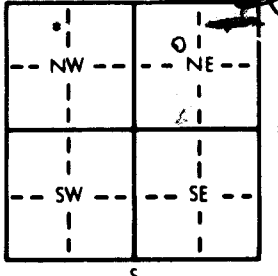


1 LOCATION OF WATER WELL: County: WOODSON Fraction: SE 1/4 NW 1/4 NE 1/4 Section Number: 14 Township Number: 25 Range Number: R 15 E 1

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

2 WATER WELL OWNER: CLAUD WOODRUF
 RR#, St. Address, Box #: 409 S GREEN
 City, State, ZIP Code: YATES CENTER MO
 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: 60 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 21 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: _____ ft. below land surface measured on 8/15/83

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter: 7 in. to _____ 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 Observation 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 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____

Blank casing diameter: 4 in. to 15 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight _____ lbs./ft. Wall thickness or gauge No. 280

TYPE OF SCREEN OR PERFORATION MATERIAL: X
 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) _____
 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: X
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 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: X
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: X
 From _____ ft. to _____ 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 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 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? EAST How many feet? 80

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	30	TOP SOIL			
30	58	BROWN SAND ROCK SAND			
58	60	YELLOW SAND ROCK			
60		GRAY 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) 8/15/83 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 214 This Water Well Record was completed on (mo/day/yr) 8/15/83 under the business name of COMMINGS WELL SERV by (signature) [Signature]

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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T
R
15
BW
SEC.
14
SE 1/4
NW 1/4
NE 1/4

DD