

<p><b>3</b> LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align: center;"> </div>	<p><b>4</b> DEPTH OF COMPLETED WELL <u>27.5</u> ft. ELEVATION: _____</p> <p>Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.</p> <p>WELL'S STATIC WATER LEVEL <u>21.08</u> ft. below land surface measured on mo/day/yr _____</p> <p>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Bore Hole Diameter <u>8</u> in. to <u>27.5</u> ft. and _____ in. to _____ ft.</p> <p>WELL WATER TO BE USED AS:</p> <table style="width: 100%;"> <tr> <td>5 Public water supply</td> <td>8 Air conditioning</td> <td>11 Injection well</td> </tr> <tr> <td>1 Domestic</td> <td>3 Feed lot</td> <td>6 Oil field water supply</td> </tr> <tr> <td>9 Dewatering</td> <td>12 Other (Specify below)</td> <td></td> </tr> <tr> <td>2 Irrigation</td> <td>4 Industrial</td> <td>7 Lawn and garden (domestic)</td> </tr> <tr> <td colspan="3">10 Monitoring well</td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____</p> <p>Water Well Disinfected? Yes _____ No <u>X</u></p>	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		
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<b>6 GROUT MATERIAL:</b>		<b>1</b> Neat cement	<b>2</b> Cement grout	<b>3</b> Bentonite	<b>4</b> Other _____
Grout Intervals	From <b>0</b> ft.	to <b>13.5</b> ft.	From <b>13.5</b> ft.	to <b>15.5</b> ft.	From _____ ft. to _____ ft.
What is the nearest source of possible contamination:					
<b>1</b> Septic tank	<b>4</b> Lateral lines	<b>7</b> Pit privy	<b>10</b> Livestock pens	<b>14</b> Abandoned water well	
<b>2</b> Sewer lines	<b>5</b> Cess pool	<b>8</b> Sewage lagoon	<b>11</b> Fuel storage	<b>15</b> Oil well/ Gas well	
<b>3</b> Watertight sewer lines	<b>6</b> Seepage pit	<b>9</b> Feedyard	<b>12</b> Fertilizer storage	<b>16</b> Other (specify below)	
			<b>13</b> Insecticide storage	<b>CONTAMINATED SITE</b>	

[illegible]

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) **6-09-05** 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) **7-15-05** under the business name of **Woofert 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: 913-295-3545. Send one to WATERWELL OWNER and retain one for your records.