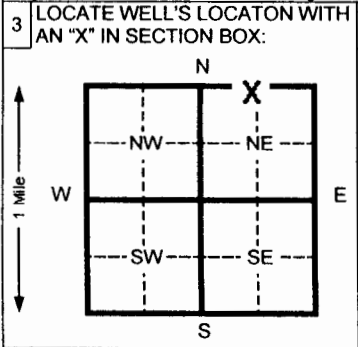


1 LOCATION OF WATER WELL: County: <b>Rooks</b>	Fraction: <b>NE ¼ NW ¼ NE ¼</b>	Section Number: <b>28</b>	Township Number: <b>T 10 S</b>	Range Number: <b>R/ 19 EW</b>
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Irene Zerfas**  
 RR#, St. Address, Box # : **2222 Haney Dr**  
 City, State, ZIP Code : **Hays, KS 67601**  
 Board of Agriculture, Division of Water Resources  
 Application Number: **20060092**



4 DEPTH OF COMPLETED WELL **35** ft. ELEVATION: \_\_\_\_\_

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

WELL'S STATIC WATER LEVEL **13** ft. below land surface measured on mo/day/yr **3-13-06**

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 **8** in. to **35** 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 Injection well  11 Monitoring well  12 Other (Specify below)

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:

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

Blank casing diameter **4.5** in. to **25** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **18** in., weight **2.38** lbs./ft. Wall thickness or gauge No. **.248**

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="radio"/> 1 Steel	<input type="radio"/> 3 Stainless steel	<input type="radio"/> 5 Fiberglass	<input type="radio"/> 8 RMP (SR)	<input type="radio"/> 10 Asbestos-cement
<input type="radio"/> 2 Brass	<input type="radio"/> 4 Galvanized steel	<input type="radio"/> 6 Concrete tile	<input type="radio"/> 9 ABS	<input type="radio"/> 11 Other (specify) _____

SCREEN OR PERFORATION OPENINGS ARE:

<input type="radio"/> 1 Continuous slot	<input type="radio"/> 3 Mill slot	<input type="radio"/> 5 Gauzed wrapped	<input checked="" type="radio"/> 8 Saw cut	<input type="radio"/> 11 None (open hole)
<input type="radio"/> 2 Louvered shutter	<input type="radio"/> 4 Key punched	<input type="radio"/> 6 Wire wrapped	<input type="radio"/> 9 Drilled holes	
		<input type="radio"/> 7 Torch cut	<input type="radio"/> 10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From **25** ft. to **35** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **10** ft. to **35** 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:

<input type="radio"/> 1 Septic tank	<input type="radio"/> 4 Lateral lines	<input type="radio"/> 7 Pit privy	<input type="radio"/> 10 Livestock pens	<input type="radio"/> 14 Abandoned water well
<input type="radio"/> 2 Sewer lines	<input type="radio"/> 5 Cess pool	<input type="radio"/> 8 Sewage lagoon	<input type="radio"/> 11 Fuel storage	<input type="radio"/> 15 Oil well/ Gas well
<input type="radio"/> 3 Watertight sewer lines	<input type="radio"/> 6 Seepage pit	<input type="radio"/> 9 Feedyard	<input type="radio"/> 12 Fertilizer storage	<input type="radio"/> 16 Other (specify below) _____

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3		Surface			
3	7		Fine to Med Sand			
7	11		Clay			
11	20		Fine to Med Sand w/ Clay Lens			
20	21		Clay			
21	31		Fine to Med Sand w/ Clay Lens			
31	35		Ochre - 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/yr) **3-14-06** 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) **3-22-06** 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.