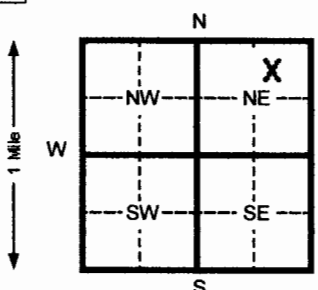


1 LOCATION OF WATER WELL: Fraction **NW 1/4 NE 1/4 NE 1/4** Section Number **1** Township Number **T 10 S** Range Number **R 23 EW**  
 County: **Graham**  
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Dennis Stites**  
 RR#, St. Address, Box # : **1503 280<sup>th</sup> Ave** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Wakeeney, Ks 67672** Application Number: **20080410**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF COMPLETED WELL **110** 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 **8** in. to **110** 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)  6 Asbestos-Cement  9 Other (specify below) \_\_\_\_\_  
 2 PVC  4 ABS  7 Fiberglass \_\_\_\_\_  
 Blank casing diameter **4.5** in. to **70** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **18** in., weight **.238** lbs./ft. Wall thickness or gauge No. **2.48**  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  7 PVC  10 Asbestos-cement  
 1 Steel  3 Stainless steel  5 Fiberglass  8 RMP (SR)  11 Other (specify) \_\_\_\_\_  
 2 Brass  4 Galvanized steel  6 Concrete tile  9 ABS  12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 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: From **70** ft. to **110** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **20** ft. to **110** 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 **0** ft. to **20** 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  None

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

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			
2	10		Loess			
10	15		Fine sand			
15	26		Fine sand w/caliche lenses			
26	34		Caliche & clay w/sand strks			
34	50		Caliche w/clay strks			
50	60		Fine to some med sand w/clay & caliche strks			
60	65		Fine to some med sand w/ Caliche lenses			
65	85		Fine & med sand w/caliche lens			
85	95		Fine & med sand w/clay & Caliche strks			
95	110		Yellow ochre/black 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) **9/15/08** and this record is true to the best of my knowledge and belief. Kansas  
 Water Well Contractor's License No. **783** This Water Well Record was completed on (mo/day/yr) **10-7-08**  
 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 66612-1387. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.