

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Thomas</u>		<u>C</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$	<u>6</u>	<u>T</u> <u>10</u> <u>S</u>	<u>R</u> <u>31</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>11 miles south &amp; 3 east of Halford, Ks.</u>					
2 WATER WELL OWNER: <u>Dave Ostmeyer</u> <u>Murfin Drilling</u> RR#, St. Address, Box #: <u>RT. 1</u> <u>Box 661</u> Board of Agriculture, Division of Water Resources City, State, ZIP Code: <u>Oakley, Ks.</u> <u>Colby, Ks. 67701</u> Application Number: _____					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>175</u> ft. ELEVATION: _____			
<div style="text-align: center;"><p>1 Mile</p></div>		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>143</u> 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: <u>8</u> in. to <u>1.75</u> ft., and _____ in. to _____ ft.		WELL WATER TO BE USED AS:			
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 Monitoring well	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes _____ No <u>X</u> _____					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 PVC		4 ABS	7 Fiberglass		Threaded _____
Blank casing diameter <u>4.5</u> in. to <u>155</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.					
Casing height above land surface <u>18</u> in., weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>248</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
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	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter		4 Key punched	7 Torch cut	10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>155</u> ft. to <u>175</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>175</u> 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 <u>0</u> ft. to <u>20</u> 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	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Surface	164	166	Med. sand
3	59	Clay	166	171	Caliche & cemented sand
59	64	Large gravel	171	175	Ochre & shale
64	93	Clay & caliche streaks			
93	97	Fine sand			
97	118	Clay and sandy clay			
118	139	Med. sand			
139	142	Clay			
142	148	Med. sand			
148	151	Clay			
151	152	Caliche			
152	154	Sand			
154	155	Clay			
155	158	Sand & caliche			
158	164	Caliche			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8-6-91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>394</u> This Water Well Record was completed on (mo/day/yr) <u>8-7-91</u> under the business name of <u>WOOFER PUMP &amp; WELL</u> by (signature) <u>Walter Woofler</u>					
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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					