

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Thomas</b>		<b>NW 1/4 SW 1/4 NW 1/4</b>	<b>35</b>	<b>T 10 S</b>	<b>R 32 E (NW)</b>
Distance and direction from nearest town or city street address of well if located within city? <b>5 M Truck Repair</b>					
2 WATER WELL OWNER: <b>Frank Munk - 5M Trucking</b>					
RR#, St. Address, Box # : <b>707 E. 7th St.</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Oakley, Ks 67748</b>			Application Number: <b>45166</b>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>193</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <b>98</b> 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 <b>8</b> in. to <b>200</b> ft. and _____ in. to _____ ft.			
		WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well			
		Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		1 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes <b>X</b> No _____					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought Iron	
<b>2 PVC</b>		4 ABS		8 Concrete tile	
				9 Other (specify below) _____	
				CASING JOINTS: Glued <b>X</b> Clamped _____	
				Welded _____	
				Threaded _____	
Blank casing diameter <b>4.5</b> in. to <b>153</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>.248</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
<b>2 Brass</b>		4 Galvanized steel		8 RMP (SR)	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				<b>8 Saw cut</b>	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <b>153</b> ft. to <b>193</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>193</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other _____					
Grout Intervals From <b>0</b> ft. to <b>20</b> 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below) <b>none</b>	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
<b>0</b>	<b>2</b>		<b>Surface</b>		
<b>2</b>	<b>24</b>		<b>Loess</b>	<b>142</b>	<b>150</b>
<b>24</b>	<b>33</b>		<b>Clay &amp; caliche</b>	<b>150</b>	<b>163</b>
<b>33</b>	<b>39</b>		<b>Fine to med sand &amp; gravel w/</b>	<b>163</b>	<b>176</b>
			<b>Clay strks</b>	<b>176</b>	<b>193</b>
<b>39</b>	<b>43</b>		<b>Caliche &amp; clay</b>	<b>193</b>	<b>200</b>
<b>43</b>	<b>53</b>		<b>Fine to med sand w/caliche</b>		
			<b>Strks</b>		
<b>53</b>	<b>62</b>		<b>Clay &amp; caliche</b>		
<b>62</b>	<b>91</b>		<b>Fine to some med sand</b>		
<b>91</b>	<b>108</b>		<b>Fine to some med sand w/lots</b>		
			<b>Of clay</b>		
<b>108</b>	<b>124</b>		<b>Caliche clay</b>		
<b>124</b>	<b>142</b>		<b>Clay &amp; caliche w/fine to some</b>		
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) <b>8-27-03</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>9-26-03</b>					
under the business name of <b>Woofert Pump and Well Inc.</b> by (signature) <i>Way G. Woofert</i>					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.					

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