

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Thomas		SE ¼ NW ¼ SE ¼	9	T 10 S	R 32
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Ostmeyer Trust					
RR#, St. Address, Box # : % John Ostmeyer, 309 Elm			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Oakley, Ks 67748			Application Number: 20070059		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 170 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL na 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 174 ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS: <input checked="" type="radio"/> 5 Public water supply <input type="radio"/> 8 Air conditioning <input type="radio"/> 11 Injection well					
<input type="radio"/> 1 Domestic <input type="radio"/> 3 Feed lot <input checked="" type="radio"/> 6 Oil field water supply <input type="radio"/> 9 Dewatering <input type="radio"/> 12 Other (Specify below)					
<input type="radio"/> 2 Irrigation <input type="radio"/> 4 Industrial <input type="radio"/> 7 Lawn and garden (domestic) <input type="radio"/> 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No					
5 TYPE OF BLANK CASING USED:					
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 RMP (SR)		<input type="checkbox"/> 5 Wrought Iron	
<input checked="" type="checkbox"/> 2 PVC		<input type="checkbox"/> 4 ABS		<input type="checkbox"/> 6 Asbestos-Cement	
				<input type="checkbox"/> 7 Fiberglass	
Blank casing diameter 4.5 in. to 130 ft., Dia		in. to _____ ft., Dia		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
Casing height above land surface 18 in., weight 2.38 lbs./ft.		Wall thickness or gauge No. .248		Welded _____ Threaded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 Stainless steel		<input type="checkbox"/> 5 Fiberglass	
<input type="checkbox"/> 2 Brass		<input type="checkbox"/> 4 Galvanized steel		<input type="checkbox"/> 6 Concrete tile	
				<input checked="" type="checkbox"/> 7 PVC	
				<input type="checkbox"/> 8 RMP (SR)	
				<input type="checkbox"/> 9 ABS	
				<input type="checkbox"/> 10 Asbestos-cement	
				<input type="checkbox"/> 11 Other (specify) _____	
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="checkbox"/> 1 Continuous slot		<input type="checkbox"/> 3 Mill slot		<input type="checkbox"/> 5 Gauzed wrapped	
<input type="checkbox"/> 2 Louvered shutter		<input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 6 Wire wrapped	
				<input type="checkbox"/> 7 Torch cut	
				<input checked="" type="checkbox"/> 8 Saw cut	
				<input type="checkbox"/> 9 Drilled holes	
				<input type="checkbox"/> 10 Other (specify) _____	
				<input type="checkbox"/> 11 None (open hole)	
SCREEN-PERFORATED INTERVALS:					
From 130 ft. to 170 ft.		ft. From _____ ft. to _____ ft.		ft. From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From 20 ft. to 170 ft.		ft. From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.		ft. From _____ ft. to _____ ft.		ft. From _____ ft. to _____ ft.	
6 GROUT MATERIAL:					
<input type="checkbox"/> 1 Neat cement		<input type="checkbox"/> 2 Cement grout		<input checked="" type="checkbox"/> 3 Bentonite	
<input type="checkbox"/> 4 Other _____					
Grout Intervals From 0 ft. to 20 ft.		ft. From _____ ft. to _____ ft.		ft. From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank		<input type="checkbox"/> 4 Lateral lines		<input type="checkbox"/> 7 Pit privy	
<input type="checkbox"/> 2 Sewer lines		<input type="checkbox"/> 5 Cess pool		<input type="checkbox"/> 8 Sewage lagoon	
<input type="checkbox"/> 3 Watertight sewer lines		<input type="checkbox"/> 6 Seepage pit		<input type="checkbox"/> 9 Feedyard	
				<input type="checkbox"/> 10 Livestock pens	
				<input type="checkbox"/> 11 Fuel storage	
				<input type="checkbox"/> 12 Fertilizer storage	
				<input type="checkbox"/> 13 Insecticide storage	
				<input type="checkbox"/> 14 Abandoned water well	
				<input type="checkbox"/> 15 Oil well/ Gas well	
				<input type="checkbox"/> 16 Other (specify below) none	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface	129	137
2	10		Loess	137	145
10	30		Silty clay	145	169
30	37		Clay	169	174
37	41		Cemented sand	174	
41	52		Fine to med sand		
52	79		Fine to med sand & some gravel		
			w/cemented sand		
79	89		Cemented sand		
89	96		Clay		
96	104		Fine to med sand		
104	109		Clay		
109	122		Sandstone w/sand strks		
122	129		clay		
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) 2-28-07 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) 3-2-07		
under the business name of Woofter Pump & Well Inc.			by (signature) <i>Jay C. Woofter Jr. M.D.</i>		
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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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