

|   |  |                       |                |                 |                 |
|---|--|-----------------------|----------------|-----------------|-----------------|
| 1 LOCATION OF WATER WELL:   |  | Fraction              | Section Number | Township Number | Range Number    |
| County: <b>Thomas</b>   |  | <b>NW ¼ NW ¼ NW ¼</b> | <b>10</b>      | <b>T 10 S</b>   | <b>R 32 E/W</b> |
| Distance and direction from nearest town or city street address of well if located within city? |  |                       |                |                 |                 |

  

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| 2 WATER WELL OWNER: <b>John Vawter</b>          |  | Board of Agriculture, Division of Water Resources<br>Application Number: <b>20070077</b> |
| RR#, St. Address, Box #: <b>9907 Jamesburg</b>  |  |  |
| City, State, ZIP Code: <b>Wichita, KS 67212</b> |  |  |

  

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| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><br> | 4 DEPTH OF COMPLETED WELL <b>215</b> ft. ELEVATION:   |  |
|  | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.  |  |
|  | WELL'S STATIC WATER LEVEL <b>NA</b> ft. below land surface measured on mo/day/yr  |  |
|  | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Bore Hole Diameter <b>8</b> in. to <b>215</b> ft. and _____ in. to _____ ft.<br>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<br><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)<br><input type="radio"/> 2 Irrigation <input type="radio"/> 4 Industrial <input type="radio"/> 7 Lawn and garden (domestic) <input type="radio"/> 10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/> |  |

  

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| 5 TYPE OF BLANK CASING USED:  |  | 5 Wrought iron                           | 8 Concrete tile                                | CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ |
| <input checked="" type="radio"/> 1 Steel  |  | 6 Asbestos-Cement                        | 9 Other (specify below) _____                  | Welded _____   |
| <input type="radio"/> 2 PVC   |  | 7 Fiberglass _____                       |  | Threaded _____   |
| Blank casing diameter <b>4.5</b> in. to <b>175</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:   |  |  |  |  |
| <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"/> 2 Brass   |  | <input type="radio"/> 4 Galvanized steel | <input type="radio"/> 6 Concrete tile          | <input type="radio"/> 9 ABS  |
| 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"/> 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) _____ | <input type="radio"/> 11 None (open hole)                              |
| SCREEN-PERFORATED INTERVALS:  |  |  |  |  |
| From <b>175</b> ft. to <b>215</b> ft.   |  | From _____ ft. to _____ ft.              |  |  |
| From _____ ft. to _____ ft.   |  | From _____ ft. to _____ ft.              |  |  |
| GRAVEL PACK INTERVALS:  |  |  |  |  |
| From <b>20</b> ft. to <b>215</b> ft.  |  | From _____ ft. to _____ ft.              |  |  |
| From _____ ft. to _____ ft.   |  | From _____ ft. to _____ ft.              |  |  |

  

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|--|--|---------------------------------------|---------------------------------------|--|--|
| 6 GROUT MATERIAL:  |  | 1 Neat cement                         | 2 Cement grout                        | <input checked="" type="radio"/> 3 Bentonite | 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:  |  |                                       |                                       |  |  |
| <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) _____ |
|  |  |                                       |                                       | <input type="radio"/> 13 Insecticide storage | <b>None</b>  |
| Direction from well? _____   |  | How many feet? _____                  |                                       |  |  |

  

| FROM       | TO         | CODE | LITHOLOGIC LOG                                      | FROM       | TO         | PLUGGING INTERVALS                     |
|------------|------------|------|---|------------|------------|--|
| <b>0</b>   | <b>2</b>   |      | <b>Surface</b>                                      | <b>165</b> | <b>174</b> | <b>Fine to some med sand with clay</b> |
| <b>2</b>   | <b>30</b>  |      | <b>Loess</b>  | <b>174</b> | <b>185</b> | <b>Clay &amp; sandstone</b>            |
| <b>30</b>  | <b>65</b>  |      | <b>Clay &amp; Caliche</b>                           | <b>185</b> | <b>194</b> | <b>Fine to some med sand</b>           |
| <b>65</b>  | <b>76</b>  |      | <b>Fine to Med sand &amp; Gravel</b>                | <b>194</b> | <b>202</b> | <b>Clay &amp; Caliche</b>              |
| <b>76</b>  | <b>84</b>  |      | <b>Sandstone</b>                                    | <b>202</b> | <b>207</b> | <b>Fine to med sand</b>                |
| <b>84</b>  | <b>96</b>  |      | <b>Clay &amp; Caliche</b>                           | <b>207</b> | <b>213</b> | <b>Fine to med sand &amp; Gravel</b>   |
| <b>96</b>  | <b>107</b> |      | <b>Sandstone</b>                                    | <b>213</b> | <b>220</b> | <b>Yellow ochre &amp; gray shale</b>   |
| <b>107</b> | <b>123</b> |      | <b>Fine to some med sand &amp; small Gravel str</b> |            |            |  |
| <b>123</b> | <b>125</b> |      | <b>Caliche</b>                                      |            |            |  |
| <b>125</b> | <b>134</b> |      | <b>Fine to med sand</b>                             |            |            |  |
| <b>134</b> | <b>144</b> |      | <b>Clay</b>   |            |            |  |
| <b>144</b> | <b>156</b> |      | <b>Clay &amp; caliche with sandy clay</b>           |            |            |  |
| <b>156</b> | <b>165</b> |      | <b>Clay &amp; stone str</b>                         |            |            |  |

  

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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>2-27-07</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>3-9-07</b> under the business name of <b>Woofert Pump &amp; Well Inc.</b> by (signature) <i>[Signature]</i> |  |
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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.

OFFICE USE ONLY

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