

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number
County: Thomas		$\frac{1}{4}$ C $\frac{1}{4}$ SE $\frac{1}{4}$	31		T 10 S	R 32 EW
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: James Hecker						
RR#, St. Address, Box # : 2425 Co Rd A				Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Oakley, KS 67748				Application Number: 20070336		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 230 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 235 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 _____ No X						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____						
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____						
7 Fiberglass _____ Threaded _____						
Blank casing diameter 4.5 in. to 210 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. 248						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement						
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____						
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 210 ft. to 230 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 20 ft. to 230 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.						
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) None						
13 Insecticide storage						
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			Lenses
2	22		Loess	130	138	Fine to med sand w/small gravel & Clay strks
22	29		Fine to med sand w/caliche & clay strks	138	144	Clay
			Clay & caliche strks	144	161	Fine to med sand w/small gravel & clay lenses
29	53		Sandstone w/sand strks			Fine to med sand w/clay strks
53	58		Fine to med sand w/clay & Caliche lenses	161	173	Clay w/sand strks
58	62		Fine to med sand w/caliche	173	190	Clay w/sand lenses
62	81		Lenses	190	202	Fine to med sand
			Fine to some med sand w/sand	202	212	Clay w/ caliche lenses
81	96		Stone strks	212	230	Yellow ochre
			Fine to med sand w/small gravel	230	235	
96	117		Caliche w/sand strks & clay			
117	130					
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/yr) 9/13/07 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) 9/18/07		
under the business name of Woofter Pump & Well Inc.				by (signature) <i>[Signature]</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 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						

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