

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Thomas</b>		<b>SW 1/4 SW 1/4 NE 1/4</b>	<b>19</b>	<b>T 10 S</b>	<b>R 32 E</b>
Distance and direction from nearest town or city street address of well if located within city?					
<b>4 Miles West, 3 1/2 Miles North, 1/2 West of Old Hwy 40, Oakley</b>					
2 WATER WELL OWNER: <b>Bob Soucie</b> <b>Abercrombie Drilling, Inc.</b>					
RR#, St. Address, Box #: <b>Upland, Ne.68981 150 Main Suite 801</b> Board of Agriculture, Division of Water Resources					
City, State, ZIP Code: <b>Wichita, Ks. 67202-1383</b> Application Number: <b>950083</b>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>180</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <b>136</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>1.80</b> ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		5 Public water supply    8 Air conditioning    11 Injection well 1 Domestic    3 Feedlot    6 <u>Oil field water supply</u> 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 <b>X</b> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <b>X</b>			
5 TYPE OF BLANK CASING USED:					
1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued <b>X</b> Clamped _____ 2 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded _____ Blank casing diameter <b>4.5</b> in. to <b>140</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    8 RMP (SR)    10 Asbestos-cement 2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS    11 Other (specify) _____ SCREEN OR PERFORATION OPENINGS ARE:    7 PVC    12 None used (open hole)					
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 SCREEN-PERFORATED INTERVALS: From <b>140</b> ft. to <b>180</b> ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>180</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement    2 Cement grout    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:					
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? <b>NE</b> How many feet? <b>150'</b>					
FROM		TO		LITHOLOGIC LOG	
0		2		Surface	
2		20		Loess	
20		35		Clay & Caliche	
35		45		Med. Sand & Gravel w/few Clay Strks.	
45		50		Sandy Clay & Sand Strks.	
50		55		Med. Sand & Gravel	
55		101		Sandy Clay w/Caliche Strks.	
101		105		Med. Sand	
105		114		Sandy Clay	
114		123		Med. Sand & Gravel w/few Clay Strks.	
123		126		Clay	
126		136		Sandy Clay w/a few Sand Strks.	
136		159		Med. Sand & Gravel w/Clay Str.	
159		162		Sandy Clay	
162		170		Med. Sand & Gravel	
FROM		TO		PLUGGING INTERVALS	
170		172		Caliche	
172		176		Caliche w/Sand Strks.	
176		178		Med. Sand w/Caliche Strks.	
178		180		Med. Sand	
180				Shale	
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/year) <b>3-29-95</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>3-30-95</b> under the business name of <b>Woofter Pump &amp; Well, Inc.</b> by (signature) <i>Jay C. Woofter</i>					
INSTRUCTIONS: Use typewriter or ball point pen <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answer. 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.					

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