

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: Thomas		C $\frac{1}{4}$ W $\frac{1}{2}$ S $\frac{1}{4}$	8	T 10 S	R 33 E (W)	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Randy Regier						
RR#, St. Address, Box #			Board of Agriculture, Division of Water Resources			
City, State, ZIP Code: Monument, Ks 67747			Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 250 ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL h 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 260 ft. and _____ in. to _____ ft.		WELL WATER TO BE USED AS:				
<input checked="" type="checkbox"/> 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)		<input type="checkbox"/> 5 Public water supply 8 Air conditioning 11 Injection well				
<input type="checkbox"/> 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)		<input type="checkbox"/> 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped				
<input checked="" type="checkbox"/> 2 PVC 4 ABS 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:						
<input type="checkbox"/> 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)		<input checked="" type="checkbox"/> 7 PVC 10 Asbestos-cement				
<input type="checkbox"/> 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE:						
<input type="checkbox"/> 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes		<input checked="" type="checkbox"/> 8 Saw cut 11 None (open hole)				
<input type="checkbox"/> 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)						
SCREEN-PERFORATED INTERVALS:						
From 210 ft. to 250 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS:						
From 20 ft. to 250 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		
6 GROUT MATERIAL:						
<input type="checkbox"/> 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other						
Grout Intervals From 0 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:						
<input type="checkbox"/> 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well		<input type="checkbox"/> 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well				
<input type="checkbox"/> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Insecticide storage 16 Other (specify below)		<input checked="" type="checkbox"/> none				
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	164	172	Sandstone w/sandy clay strks
2	21		Loess	172	180	Clay & caliche
21	34		Clay	180	191	Sandstone & clay
34	51		Clay & caliche	191	202	Clay & caliche
51	70		Fine to med sand & gravel w/ Clay strks	202	212	Fine sand w/sandy clay strks
				212	215	Cemented sand & caliche & clay
70	82		Clay & caliche & cemented sand Strks	215	222	Clay & caliche
				222	245	Fine to med sand w/small gravel
82	92		Clay & caliche	245	248	Yellow ochre
92	100		Clay w/cemented sand	248	260	Black shale
100	144		Fine to med sand			
144	155		Fine to some med sand w/clay Strks			
155	164		Sandy clay			
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) 2-26-04 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)						
under the business name of Woofor Pump and 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, Topeka, Kansas 66620-0001. Telephone: 913-296-4545. Send one to WATER WELL OWNER and retain one for your records.						