

| | | | | | |
|---|------------|--|---|-----------------|--------------|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
| County: Thomas | | SE ¼ NE ¼ SE ¼ | 35 | T 10 S | R 34 |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | |
| 2 WATER WELL OWNER: Seele Soil LP | | | | | |
| RR#, St. Address, Box # : 1912 83 Hwy | | | Board of Agriculture, Division of Water Resources | | |
| City, State, ZIP Code : Oakley, Ks 67748 | | | Application Number: 20080435 | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL 165 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 175 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 _____ | | | |
| 5 TYPE OF BLANK CASING USED: | | CASING JOINTS: Glued X Clamped _____ | | | |
| 1 Steel 3 RMP (SR) | | 6 Asbestos-Cement 9 Other (specify below) _____ | | | |
| 2 PVC 4 ABS | | 7 Fiberglass _____ | | | |
| Blank casing diameter 4.5 in. to 125 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: | | 7 PVC 10 Asbestos-cement | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ | | 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | 8 Saw cut 11 None (open hole) | | | |
| 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes | | 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ | | | |
| SCREEN-PERFORATED INTERVALS: | | From 125 ft. to 165 ft. From _____ ft. to _____ ft. | | | |
| GRAVEL PACK INTERVALS: | | From 20 ft. to 165 ft. From _____ ft. to _____ ft. | | | |
| 6 GROUT MATERIAL: | | 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: | | 10 Livestock pens 14 Abandoned water well | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas well | | 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) | | | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage none | | | | | |
| Direction from well? | | How many feet? | | | |
| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO |
| 0 | 2 | | Surface | 140 | 160 |
| 2 | 27 | | Loess | 160 | 175 |
| 27 | 50 | | Clay w/caliche strks | | |
| 50 | 58 | | Fine to med sd w/small gravel | | |
| | | | Strks & clay & caliche lenses | | |
| 58 | 67 | | Caliche & clay w/sand strks | | |
| 67 | 75 | | Fine to med sd w/clay & caliche | | |
| | | | Lenses | | |
| 75 | 91 | | Fine to med sand | | |
| 91 | 103 | | Clay & caliche w/sand lenses | | |
| 103 | 116 | | Fine to med sand w/traces of | | |
| | | | Clay & caliche | | |
| 116 | 140 | | Fine to med sd w/clay & caliche | | |
| | | | strks | | |
| 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) 10-2-08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 783 This Water Well Record was completed on (mo/day/yr) 10-7-08 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. | | | | | |

OFFICE USE ONLY

T

R

SEC