			rorm w w	C-3				ources App. No.			
		WATER WELL:		W 1/4 NW 1/4				Township Number			
County:     Sherman     ¼ NW ¼ NW ¼ NW ¼     1     T     10     S     R     42     □E     ☑V       Street/Rural Address of Well Location; if unknown, distance & direction     Global Positioning System (GPS) information:											
from nearest town or intersection: If at owner's address, check here \(\sigma\).						Latitude: (in decimal degrees)  Longitude: (in decimal degrees)					
6 south of Goodland-13 west-1 south-east into farm						Elevation:					
2 WATER WELL OWNER: John H.Golden Trust							Datum:				
RR#, St. Address, Box # : 110 E 11 <sup>th</sup> St						Collection Method:					
City, State, ZIP Code : Goodland, KS 67735											
Silly, State, and Code Coolidate, 180 07755						☐ GPS unit (Make/Model: ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey					
						Est. Accuracy: $\square$ <3 m, $\square$ 3-5 m, $\square$ 5-15 m, $\square$ >15 m					
3 LOCA	TE WELL		744	***	La	i. Accura	<u>cy.</u> <b>–</b> <3	III, 🗖 5-5 III, 🗖 5-15 III	, <b>L</b> >13 m		
		A DEPTH OF	COMBLETED WEI					C.			
1	AN "X" IN	4 DEPTH OF	COMPLETED WEI	LL 215							
SECTI	ON BOX:	Depth(s) Ground	dwater Encountered	(1)		ft.	(2)	ft. (3)	ft.		
	N	WELL'S STAT	WELL'S STATIC WATER LEVEL <b>na</b> ft. below land surface measured on mo/day/yr								
XT		Pump test data: Well water was ft. after hours pumping gpm									
L Niw	NE	EST. YIELD	gpm: Well v	water was		ft	. after	hours pumi	oing gpm		
	'}`	WELL WATER	TO BE USED AS:	□ Public wa	ter cu	innly [	Geothe	rmal   Injec	rtion well		
w <del> </del>	<del></del>					ater supply  Geothermal  Injection well					
							pply □ Dewatering □ Other (Specify below)				
sw se I Irrigation Industrial Domestic-lawn & garden Monitoring well											
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No											
S If yes, mo/day/yr sample was submitted											
1	mile	Water Well Dis	infected? x Yes	□ No							
TYPE OF CASING USED. Stool W BVC Stool											
5 TYPE OF CASING USED:  Steel  Other  Other											
CASING JOINTS:  Glued  Clamped  Welded  Threaded  Cooling discrete: in to 1775  The Diagraphy of the Diagrap											
Casing diameter 4.5 in. to 175 ft., Diameter in. to ft., Diameter in. to ft.  Casing height above land surface 18 in., Weight 2.38 lbs./ft. Wall thickness or gauge No248											
Casing neight above land surface 16 in., weight 2.36 los./ft. Wall thickness of gauge No											
TYPE OF SCREEN OR PERFORATION MATERIAL:  ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)											
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:  ☐ Continuous Slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)											
□ Louvered shutter □ Key punched □ Wire wrapped □ Torch cut □ Diffied holes □ None (open hole)											
SCREEN-PERFORATED INTERVALS: From 175 ft. to 215 ft., From ft. to ft.											
From GRAVEL PACK INTERVALS:         From 20 ft. to 215 ft., From ft. to ft.         ft. ft. from ft. ft.											
GRAVEL PACK INTERVALS: From 20 ft. to 215 ft., From ft. to ft.											
From ft. to ft., From ft. to ft.											
6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ 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:											
	otic tank	Lateral I		☐ Lives					Other (specify below)		
	wer lines	☐ Cesspoo						doned water well			
1	itertight sewe	r lines   Seepage	pit   Feedyard	☐ Fertil				vell/gas well No	ne		
Direction	n from well			Distan	ce fro	om well	- <b></b>				
FROM	TO	LITHO	OLOGIC LOG	FRO	M	TO	LITHO	D. LOG (cont.) or PLU	GGING INTERVALS		
0		Surface		152		190		med sand with clay & c			
2		Loess		190		205		nd with clay & sandston			
25		Fine to some med san	d w/clay str	205		210	Clay	•			
40	62	Med sand & gravel		210		220		some med sand	1000		
62	85	Sandstone & chert	1101	220		225	Yellow				
85	100	Fine to some med san							7.000		
100		Clay with gravel str					-	10000000			
112	130	Fine to med sand with	n clay lens								
130	145	Clay	a can't term	-	+						
145		Clay with sand str									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ⊠ constructed, □ reconstructed, or □ plugged											
under my jurisdiction and was completed on (pao/day/year) 4/06/10 and this record is true to the best of my knowledge and belief.											
Kansas Water Well Contractor's License No. 554 or 783 . This Water Well Record was completed on (mo/day/year) 4/13/10											
under the business name of Woofter Pump & Well Inc. by (signature)											
									(B) to the second		
INSTRUCT	TONS: Please	fill in blanks and check t	he correct answers. Send t	hree copies (wh	ite, bl	ue, pink)	Kansas	Department of Health ar	nd Environment, Bureau of		
Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.											
one for your	men	o. wo.oo for cac		Pij/ 17 W					190		

Check:  $\square$  White Copy,  $\square$  Blue Copy,  $\square$  Pink Copy