

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number		
County: <b>Russell</b>	<b>SE</b> ¼ <b>NW</b> ¼ <b>NW</b> ¼	<b>34</b>	T <b>11</b> S	R <b>11</b> EW		
Distance and direction from nearest town or city street address of well if located within city? <b>120 N. Harvest, Lucas, Ks</b>						
2 WATER WELL OWNER: <b>Elmer D. Svaty</b>						
RR#, St. Address, Box # : <b>Quality Oil, 409 E. 1<sup>st</sup> St</b>			Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : <b>Lucas, Ks</b>			Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>38</b> ft. ELEVATION: _____				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL _____ 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>38</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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)				
		2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <input checked="" type="radio"/> 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 _____ No <input checked="" type="checkbox"/>				
5 TYPE OF BLANK CASING USED:						
1 Steel <input checked="" type="radio"/> 2 PVC		3 RMP (SR) 4 ABS		5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass		
8 Concrete tile 9 Other (specify below)		CASING JOINTS: Glued _____ Clamped _____				
10 Asbestos-cement 11 Other (specify) _____		Welded _____ Threaded <input checked="" type="checkbox"/>				
Blank casing diameter <b>2</b> in. to <b>34</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.						
Casing height above land surface <b>0</b> in., weight <b>.716</b> lbs./ft. Wall thickness or gauge No. <b>.154</b>						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel		5 Fiberglass 6 Concrete tile 7 Torch cut				
8 RMP (SR) 9 ABS		10 Asbestos-cement 11 Other (specify) _____				
12 None used (open hole)		SCREEN OR PERFORATION OPENINGS ARE:				
5 Gauzed wrapped 6 Wire wrapped 7 Torch cut		<input checked="" type="radio"/> 8 Saw cut 11 None (open hole)				
9 Drilled holes 10 Other (specify) _____		SCREEN-PERFORATED INTERVALS:				
From <b>34</b> ft. to <b>36</b> ft. From _____ ft. to _____ ft.		From _____ ft. to _____ ft. From _____ ft. to _____ ft.				
GRAVEL PACK INTERVALS:		From <b>32</b> ft. to <b>38</b> ft. From _____ ft. to _____ ft.				
From _____ ft. to _____ ft. From _____ ft. to _____ ft.		From _____ ft. to _____ ft. From _____ ft. to _____ ft.				
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____						
Grout Intervals From <b>3</b> ft. to <b>32</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:						
1 Septic tank 2 Sewer lines 3 Watertight sewer lines		4 Lateral lines 5 Cess pool 6 Seepage pit		7 Pit privy 8 Sewage lagoon 9 Feedyard		
10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage		14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below) <b>Contaminated site</b>				
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1		grass, soil			
1	8		Clayey silt to silty clay			
8	21		Clayey silt to silty clay			
21	28		Slightly sandy silt			
28	36		Mixed silt, sand & gravel			
			Conglomerate, abundant			
			Weathered shale			
36	37		Weathered chalk			
37	38		siltstone			
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) <b>3-08-05</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>4-8-05</b> under the business name of <b>Woofter Pump &amp; Well Inc.</b> by (signature) <i>Elmer D. Svaty</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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