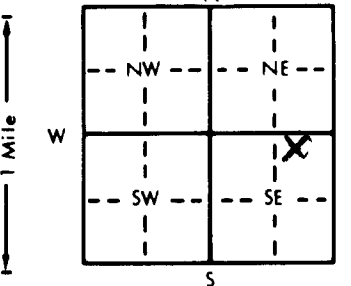


1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number
County: Gove		NW 1/4 NE 1/4 SE 1/4	7		T 11 S	R 28 EW
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Jack Foster						
RR#, St. Address, Box # Box 147						
City, State, ZIP Code Grainfield, KS 67737						
Board of Agriculture, Division of Water Resources						
Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 140 ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.				
		WELL'S STATIC WATER LEVEL 117.49 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 140 . . . . . 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 Oil field water supply 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 X . . . . . If yes, mo/day/yr sample was submitted				
		Water Well Disinfected? Yes . . . . . No X . . . . .				
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued . . . . . Clamped . . . . .						
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .						
Blank casing diameter . . . . . in. to 110 . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.						
Casing height above land surface . 0 . . . . . in., weight 2.071 . . . . . lbs./ft. Wall thickness or gauge No. 237 . . . . .						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement						
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)						
SCREEN OR PERFORATION OPENINGS ARE:						
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						
7 Torch cut 10 Other (specify)						
SCREEN-PERFORATED INTERVALS: From 110 . . . . . ft. to 140 . . . . . ft., From . . . . . ft. to . . . . . ft.						
From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.						
GRAVEL PACK INTERVALS: From 105 . . . . . ft. to 140 . . . . . 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 0 . . . . . ft. to 2 . . . . . ft., From 2 . . . . . ft. to 105 . . . . . 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 Removed Fuel Storage						
Direction from well? How many feet?						
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS						
0	2	surface	112	116	sandy clay & caliche w/ some clay	
2	14	loess				
14	35	clay w/ caliche stks	116	123	med sand w/ few clay stks	
35	38	sandy clay w/ sand & caliche stks	123	132	sandy clay w/ caliche	
			132	133	med sand	
38	40	med sand w/ clay stks	133	138	sandy clay w/ some sand	
40	44	caliche w/ cemented sand stks	138	140	med sand	
44	62	med sand w/ clay stks				
62	70	sandy clay w/ caliche				
70	76	sandy clay w/ sand stks				
76	91	sandy clay w/ caliche & some sand				
91	102	med sand w/ caliche stks				
102	112	fine to med sand w/ caliche & some clay				
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) 8-3-96 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) 8-30-96 under the business name of Woofter Pump & Well, Inc. by (signature) [Signature]						
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. 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						