

1 LOCATION OF WATER WELL: Fraction **SE 1/4 SW 1/4 SE 1/4** Section Number **24** Township Number **T 11 S** Range Number **R 28 EW**
 County: **Gove**
 Distance and direction from nearest town or city street address of well if located within city?
Intersection: County Road 56 & AA

2 WATER WELL OWNER: Gove County Landfill
 RR#, St. Address, Box #: **5680 County Road AA** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Park, KS 67751** **MW3** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL 108 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 **8.75** in. to **108** 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 _____
 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 7 Fiberglass _____ Welded _____
 _____ Threaded **X**
 Blank casing diameter _____ in. to **78** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **36** in., weight **2.071** lbs./ft. Wall thickness or gauge No. **.237**

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 **78** ft. to **108** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **76** ft. to **110** 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 **76** 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)
Contaminated site

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3		Surface	105	110	Sandy Clay & Caliche w/ sand Strks
3	18		Loess w/ some caliche			
18	24		Caliche w/ clay			
24	28		Clayey sand w/ Caliche			
28	32		Silty Sand			
32	35		Sandy Clay			
35	45		Very fine sand w/ s clayey silt			
	42		Loose sand & gravel			
45	52		Fine Clayey Sand w/ s caliche			
52	66		Mixed Sand w/ small gravel			
66	73		Streaks of fine sand & Clay			
73	78		Clay w/ Caliche			
78	85		Med sand w/ Clay Strks			
85	105		Loose sand & Gravel			

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) **10/18/05** 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) **11/14/05** under the business name of **Woofter Pump and Well** by (signature) *Jay G. Woofter*

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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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