

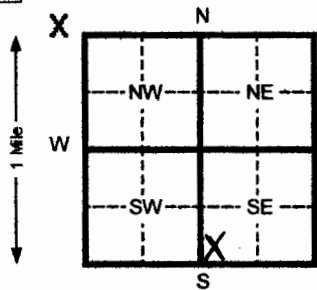
1 LOCATION OF WATER WELL: Fraction **SW 1/4 SW 1/4 SE 1/4** Section Number **24** Township Number **T 11 S** Range Number **R 28 EW**  
 County: **Gove**

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** **MW4** 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
**2** PVC 4 ABS 7 Fiberglass \_\_\_\_\_ Threaded **X**  
 Blank casing diameter **4** 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: 5 Gauzed wrapped **8** Saw cut 11 None (open hole)  
 1 Continuous slot 3 Mill slot 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.  
 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	FROM	TO	PLUGGING INTERVALS
0	3		107	110	Sand & Gravel w/ clay
3	16				
16	25				
25	33				
33	37				
37	43				
43	47				
47	65				
65	70				
70	77				
77	82				
82	84				
84	106				
106	107				

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) *Ray L. 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

T

R

SEC