

1 LOCATION OF WATER WELL: Fraction **C 1/4 N 1/2 NW 1/4** Section Number **36** Township Number **T 11 S** Range Number **R 29** E/W

County: **Gove**

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Darren Schultz**

RR#, St. Address, Box #: **4429 Co Rd Z** Board of Agriculture, Division of Water Resources

City, State, ZIP Code: **Grainfield, Ks 67737** Application Number:

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

N

W

S

4 DEPTH OF COMPLETED WELL **100** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **na** 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 **110** 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 If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes No

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 _____

7 Fiberglass Threaded _____

Blank casing diameter **4.5** in. to **60** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface **18** in., weight **2.38** lbs./ft. Wall thickness or gauge No. **.248**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement

2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____

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 6 Wire wrapped 9 Drilled holes

2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **60** ft. to **100** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **100** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 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:

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 **none**

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			
2	12		Loess			
12	20		Clay & caliche			
20	35		Cemented sand			
35	51		Fine to med sand & some gravel			
51	56		Sandy clay			
56	97.5		Fine to some med sand			
97.5	110		Yellow ochre			

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) **5-6-05** 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) **5-20-05** under the business name of **Woofter Pump & Well Inc.** by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1600 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.