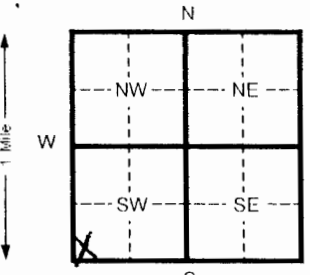


1 LOCATION OF WATER WELL
 County: **Trego** Fraction: **SW SW SW** Section Number: **36** Township Number: **12 S** Range Number: **R 24 E W**
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **John Haflinger**
 RR#, St. Address, Box #: **22012 MRD** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Wakeeney, KS 67672** Application Number:

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

 4 DEPTH OF COMPLETED WELL: **160** ft ELEVATION
 Depth(s) Groundwater Encountered: 1 ft 2 ft 3 ft 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 **160** ft and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 Domestic Feed lot Oil field water supply Air conditioning Injection well
 Irrigation Industrial Lawn and garden (domestic) Dewatering Other (Specify below)
 7 Other (Specify below)
 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:
 Steel RMP (SH) Wrought Iron Concrete tile CASING JOINTS: Glued Clamped
 PVC ABS Asbestos Cement Other (specify below) Welded
 Fiberglass Threaded
 Blank casing diameter: **4.5** in. to **120** 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:
 Steel Stainless steel Fiberglass RMP (SR) Asbestos cement
 Brass Galvanized steel Concrete tile ABS Other (specify)
 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauzed wrapped Saw cut None (open hole)
 Louvered shutter Key punched Wire wrapped Drilled holes
 Torch cut Other (specify)
 SCREEN PERFORATED INTERVALS: From **120** ft. to **160** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **160** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
 Grout Intervals: From **0** ft. to **20** ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Abandoned water well
 Sewer lines Cess pool Sewage lagoon Fuel storage Oil well/ Gas well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Other (specify below)
 Insecticide storage
 Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	83	95	Clay w/sand lenses
2	5		Loess	95	100	Fine sand w/clay strks
5	16		Fine & med sand w/clay strks & caliche lenses	100	103	Clay
16	20		Caliche w/clay strks & sand Lenses	103	150	Fine sand w/clay strks
20	30		Sandstone w/clay & caliche	150	160	Yellow ochre/black shale
30	48		Fine sand & sandstone w/ Caliche strks			
48	55		Fine to some med sand w/clay & caliche strks			
55	60		Fine & med sand w/clay strks & caliche lenses			
60	83		Fine & med sand			

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) **4-18-09** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **783** This Water Well Record was completed on (mo/day/yr) **5-15-09** by (signature) *[Signature]*
 under the business name of **Woofter Pump & Well Inc.**

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.