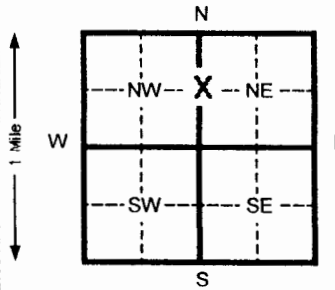


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Lane	SW ¼ NW ¼ NE ¼	28	T 17 S	R 28 EW

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

2 WATER WELL OWNER: **Neil McWhirter**
 RR#, St. Address, Box # : **125 S Ike Rd** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Dighton, KS 67839** Application Number: **20060077**

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



4 DEPTH OF COMPLETED WELL **105** 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 **3-15-06**

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 **105** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS: Public water supply Air conditioning Injection well
 Domestic Feed lot Oil field water supply Dewatering Other (Specify below)

Irrigation Industrial Lawn and garden (domestic) 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:

<input type="radio"/> Steel	<input type="radio"/> RMP (SR)	<input type="radio"/> Wrought Iron	<input type="radio"/> Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
<input checked="" type="radio"/> PVC	<input type="radio"/> ABS	<input type="radio"/> Asbestos-Cement	<input type="radio"/> Other (specify below)	Welded _____	
			<input type="radio"/> Fiberglass	Threaded _____	

Blank casing diameter **4.5** in. to **65** 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:

<input type="radio"/> Steel	<input type="radio"/> Stainless steel	<input type="radio"/> Fiberglass	<input type="radio"/> RMP (SR)	<input type="radio"/> Asbestos-cement
<input type="radio"/> Brass	<input type="radio"/> Galvanized steel	<input type="radio"/> Concrete tile	<input type="radio"/> ABS	<input type="radio"/> Other (specify)
			<input checked="" type="radio"/> PVC	<input type="radio"/> None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input type="radio"/> Continuous slot	<input type="radio"/> Mill slot	<input type="radio"/> Gauzed wrapped	<input checked="" type="radio"/> Saw cut	<input type="radio"/> None (open hole)
<input type="radio"/> Louvered shutter	<input type="radio"/> Key punched	<input type="radio"/> Wire wrapped	<input type="radio"/> Drilled holes	
		<input type="radio"/> Torch cut	<input type="radio"/> Other (specify)	

SCREEN-PERFORATED INTERVALS: From **65** ft. to **105** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **105** 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. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input type="radio"/> Septic tank	<input type="radio"/> Lateral lines	<input type="radio"/> Pit privy	<input type="radio"/> Livestock pens	<input type="radio"/> Abandoned water well
<input type="radio"/> Sewer lines	<input type="radio"/> Cess pool	<input type="radio"/> Sewage lagoon	<input type="radio"/> Fuel storage	<input type="radio"/> Oil well/ Gas well
<input type="radio"/> Watertight sewer lines	<input type="radio"/> Seepage pit	<input type="radio"/> Feedyard	<input type="radio"/> Fertilizer storage	<input type="radio"/> Other (specify below)
			<input type="radio"/> Insecticide storage	NONE

Direction from well?		How many feet?		LITHOLOGIC LOG		PLUGGING INTERVALS	
FROM	TO	CODE	FROM	TO			
0	2				Surface		
2	8				Loess		
8	22				Clay w/ Caliche Strks		
22	62				Clay & Caliche w/ Sand Strks		
62	71				Fine to Med Sand w/ Clay Strks		
71	81				Clay & Caliche w/ Sandstone Str		
81	98				Fine to Med Sand w/ Caliche len		
98	105				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) **3-4-06** 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) **3-22-06** under the business name of **Woofter Pump & Well Inc.** by (signature) *Neil McWhirter*

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.