

1 LOCATION OF WATER WELL: County: Lane	Fraction NW ¼ NE ¼ NE ¼	Section Number 29	Township Number T 17 S	Range Number R 28 E/W
Distance and direction from nearest town or city street address of well if located within city?				
2 WATER WELL OWNER: Fred Muffett RR#, St. Address, Box # : PO Box 863 City, State, ZIP Code : Dighton, KS 67839				
Board of Agriculture, Division of Water Resources Application Number: 20060082				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 84 ft. ELEVATION: _____		
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.		
		WELL'S STATIC WATER LEVEL 18 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 84 ft. and _____ in. to _____ ft.		WELL WATER TO BE USED AS: <input checked="" type="radio"/> Public water supply <input type="radio"/> Air conditioning <input type="radio"/> Injection well		
1 Domestic 3 Feed lot <input checked="" type="radio"/> Oil field water supply <input type="radio"/> Dewatering <input type="radio"/> 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 <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____				
Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>				
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR)		5 Wrought Iron 8 Concrete tile		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
<input checked="" type="radio"/> 2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded _____
7 Fiberglass		Threaded _____		
Blank casing diameter 4.5 in. to 64 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		11 Other (specify) _____		
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS		12 None used (open hole) _____		
SCREEN OR PERFORATION OPENINGS ARE:				
1 Continuous slot 3 Mill slot 5 Gauzed wrapped <input checked="" type="radio"/> Saw cut 11 None (open hole)		9 Drilled holes _____		
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____				
SCREEN-PERFORATED INTERVALS: From 64 ft. to 84 ft. From _____ ft. to _____ ft.				
GRAVEL PACK INTERVALS: From 15 ft. to 84 ft. From _____ ft. to _____ ft.				
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____				
Grout Intervals From 0 ft. to 18 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)		NONE
13 Insecticide storage				
Direction from well? How many feet?				
FROM	TO	CODE	LITHOLOGIC LOG	FROM TO PLUGGING INTERVALS
0	3		Surface	
3	9		Loess	
9	25		Sandy Clay & Caliche with Medium Sand	
25	41		Sandy Clay & Medium Sand	
41	44		Medium Sand	
44	46		Clay	
46	55		Fine Sand with Clay	
55	70		Fine to Med Sand with Clay Len	
70	73		Sandy Clay	
73	76		Med Sand with Clay Lens	
76	84		Shale	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, <input type="radio"/> reconstructed, or <input type="radio"/> plugged under my jurisdiction and was completed on (mo/day/yr) 3-15-06 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) <i>Jay L. Woofter</i>				
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 7000 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.				

OFFICE USE ONLY

T

R

SEC