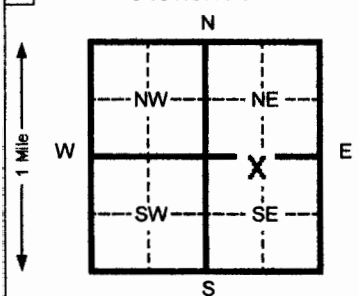


1 LOCATION OF WATER WELL: Fraction **NE 1/4 NW 1/4 SE 1/4** Section Number **9** Township Number **T 17 S** Range Number **R 28 EW**  
 County: **Lane**

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

2 WATER WELL OWNER: **Lois Townes**  
 RR#, St. Address, Box # : **808 Anderson St** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Garden City, Ks 67846** Application Number: **20060167**

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



4 DEPTH OF COMPLETED WELL **135** 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 **140** 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)  6 Asbestos-Cement  9 Other (specify below) \_\_\_\_\_  
 2 PVC  4 ABS  7 Fiberglass \_\_\_\_\_  
 Blank casing diameter **4.5** in. to **95** 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:  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:  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 **95** ft. to **135** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **20** ft. to **135** 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 **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	7		Loess			
7	20		Clay w/caliche strks			
20	40		Clay w/caliche strks			
40	60		Clay & caliche w/sand strks			
60	80		Clay & caliche w/sand strks			
80	93		Clay & caliche w/sand strks			
93	100		Fine & some med sd w/clay			
			Lenses			
100	120		Fine to med sand w/clay strks			
120	135		Fine to med sand w/clay strks			
135	140		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) **5-12-06** 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) **5-12-06**  
 under the business name of **Woofter Pump & Well Inc.** by (signature) \_\_\_\_\_

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.