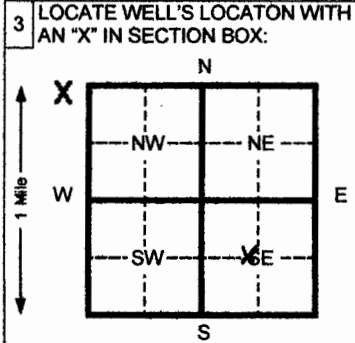


1 LOCATION OF WATER WELL: Fraction **cent**  $\frac{1}{4}$  **W**  $\frac{1}{2}$   $\frac{1}{4}$  **SE**  $\frac{1}{4}$  Section Number **28** Township Number **T 17 S** Range Number **R 28 E/W**  
 County: **Lane**

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 So I6 Rd** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Dighton, KS 67839** Application Number: **20060226**



4 DEPTH OF COMPLETED WELL **120** 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 **120** 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:  Steel  RMP (SR)  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 **80** 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 **80** ft. to **120** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **20** ft. to **120** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ 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:  
 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  Insecticide storage  Fertilizer storage  Other (specify below)  
 NONE  
 Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			
2	15		Loess			
15	27		Caliche w/sand strks			
27	34		Fine sand w/caliche lenses			
34	43		Caliche w/clay strks			
43	60		Fine to med sand w/caliche Lenses			
60	65		Fine to med sand			
65	84		Caliche w/clay strks			
84	90		Sandstone			
90	115		Fine to med sand w/caliche Strks			
115	120		Clay w/sand strks			
120	123		Yellow ochre/grey shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/yr) **5/26/06** 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) **6/16/06**  
 under the business name of **Woofter Pump & Well** 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, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1387. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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