

1 LOCATION OF WATER WELL: Fraction **NW ¼ SE ¼ NE ¼** Section Number **17** Township Number **T 17 S** Range Number **R 31 E**
 County: **Scott**
 Distance and direction from nearest town or city street address of well if located within city?
8 miles west of Healy, ¼ south

2 WATER WELL OWNER: Malcolm Rodenberg
 RR#, St. Address, Box #: **812 Washington** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Scott City, Ks 67871** Application Number: **20050249**

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

4 DEPTH OF COMPLETED WELL 190 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 **195** 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:

1 Steel	3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
<input checked="" type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below) _____	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter **4.5** in. to **150** 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
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
				12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From **150** ft. to **190** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **190** 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.

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	90	97	Clay caliche w/sand strks
2	14		Loess	97	105	Cemented sand & caliche strks
14	15		Clay	105	107	Cemented sd & caliche strks
15	25		Clay	107	115	Fine & med sands w/clay strks
25	30		Clay & caliche	115	120	Clay & caliche
30	33		Clay & caliche	120	133	Clay & caliche
33	37		Caliche	133	135	Fine & med sd w/clay strks
37	45		Clay caliche	135	150	Fine & med sds w/clay strks
45	54		Clay caliche	150	165	Fine & med sands w/clay sstrks
54	60		Cemented sand & clay strks	165	170	Fine & Med sd w/clay strks
60	63		Cemented sd & clay strks	170	175	Clay
63	75		Fine & med sd w/clay strks	175	180	Fine & Med sds w/clay strks
75	80		Fine & med sd w/clay strks	180	187	Fine & med sds w/some gravel
80	90		Clay caliche w/sd strks	187	193	Yellow ochre 193 - 195 black shale

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) **8-31-05** 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) **9-2-05** under the business name of **Woofter Pump & Well Inc.** by (signature) *James B. Woofter*

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: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.

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