

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: <b>Scott</b>		<b>NE ¼ SE ¼ NE ¼</b>	<b>10</b>	<b>T 17 S</b>	<b>R 33 EW</b>	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: <b>Eric Woofter</b>						
RR#, St. Address, Box # : <b>113 W Hwy 4</b>						
City, State, ZIP Code : <b>Healy, KS 67850</b>						
Board of Agriculture, Division of Water Resources Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>165</b> ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL <b>na</b> 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 <b>8</b> in. to <b>175</b> 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 <b>X</b> If yes, mo/day/yr sample was submitted						
Water Well Disinfected? Yes <b>X</b> No						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <b>X</b> Clamped						
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded						
7 Fiberglass Threaded						
Blank casing diameter <b>4.5</b> in. to <b>125</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>.248</b>						
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 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 <b>125</b> ft. to <b>165</b> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>165</b> ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Intervals From <b>0</b> ft. to <b>20</b> 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 11 Fuel storage 14 Abandoned water well						
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/ Gas well						
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)						
<b>none</b>						
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	137	146	Clay
2	7		Fine sand	146	157	Fine to med sd
7	21		Cemented sand w/clay &	157	165	Fine to med sd & gravel
			Caliche	165	167	Yellow ochre
21	32		Fine sd w/clay lens	167	175	Black shale
32	40		Clay & caliche			
40	52		Sandstone			
52	73		Sandy clay & sandstone			
73	93		Sandstone clay, caliche & fine			
			Sd strks			
93	99		Fine sand & clay			
99	105		Clay			
105	115		Clay w/fine sd strks			
115	137		Fine sand			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>12-18-06</b> and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>1/05/07</b>						
under the business name of <b>Woofter Pump &amp; Well Inc.</b> by (signature) <i>Eric 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, 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.						

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