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|---------|-------------------------|----------------|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: | Ness | SE ¼ SW ¼ SW ¼ | 30 | T 18 S | R 21 E |

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

| | | | |
|---|-------------------------|-------------------------|---|
| 2 | WATER WELL OWNER: | Coop Grain | |
| | RR#, St. Address, Box # | P. O. Box 8 | Board of Agriculture, Division of Water Resources |
| | City, State, ZIP Code | Bazine, Ks 67516 | Application Number: |
| | | IW -1 | |

| | | | | | | | | | | | | | | | | |
|---|---|---|--------------------|---|------------|------------|--------------------------|--------------|--------------------------|--|--------------|--------------|------------------------------|--------------------|--|--|
| <p>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align: center;"> </div> | <p>4 DEPTH OF COMPLETED WELL <u>45</u> ft. ELEVATION: _____</p> <p>Depth(s) Groundwater Encountered <u>1</u> _____ ft. <u>2</u> _____ ft. <u>3</u> _____ ft.</p> <p>WELL'S STATIC WATER LEVEL <u>na</u> ft. below land surface measured on <u>mo/day/yr</u></p> <p>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Bore Hole Diameter <u>8.25</u> in. to <u>45</u> ft. and _____ in. to _____ ft.</p> <p>WELL WATER TO BE USED AS:</p> <table style="width: 100%;"> <tr> <td>5 Public water supply</td> <td>8 Air conditioning</td> <td>11 Injection well</td> </tr> <tr> <td>1 Domestic</td> <td>3 Feed lot</td> <td>6 Oil field water supply</td> </tr> <tr> <td>9 Dewatering</td> <td>12 Other (Specify below)</td> <td></td> </tr> <tr> <td>2 Irrigation</td> <td>4 Industrial</td> <td>7 Lawn and garden (domestic)</td> </tr> <tr> <td>10 Monitoring well</td> <td></td> <td></td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____</p> <p>Water Well Disinfected? Yes _____ No <u>X</u></p> | 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 | | |
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| 10 Monitoring well | | | | | | | | | | | | | | | | |

| | | | | | |
|--|-----------------------|----------------------------------|-----------------------------|--|--|
| 5 TYPE OF BLANK CASING USED: | | 5 Wrought Iron | 5 Concrete tile | CASING JOINTS: Glued _____ Clamped _____ | |
| 1 Steel | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) | Welded _____ | |
| 2 PVC | 4 ABS | 7 Fiberglass | | Threaded _____ X | |
| Blank casing diameter 2 in. to 43 ft., Dia | | in. to ft., Dia | | in. to ft. | |
| Casing height above land surface 0 in., weight .716 lbs./ft. | | Wall thickness or gauge No. .154 | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | |
| 1 Steel | 3 Stainless steel | 5 Fiberglass | 7 PVC | 10 Asbestos-cement | |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 8 RMP (SR) | 11 Other (specify) _____ | |
| | | | 9 ABS | 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 | | |
| | | | 10 Other (specify) _____ | | |
| SCREEN-PERFORATED INTERVALS: | | | | | |
| | From 43 ft. to 45 ft. | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. | | |
| GRAVEL PACK INTERVALS: | | | | | |
| | From 41 ft. to 45 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 | 39 | ft. From | 39 | ft. to | 41 |
| | | | | | | | | | 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 | | Contaminated site | |

[illegible]

| | | |
|--|---|--|
| 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) <u>3-4-04</u> | | and this record is true to the best of my knowledge and belief. Kansas |
| Water Well Contractor's License No. <u>554</u> | | This Water Well Record was completed on (mo/day/yr) <u>4-16-04</u> |
| under the business name of <u>Woofter Pump and Well Inc.</u> | | by (signature) <u>[Signature]</u> |
| INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. | | |