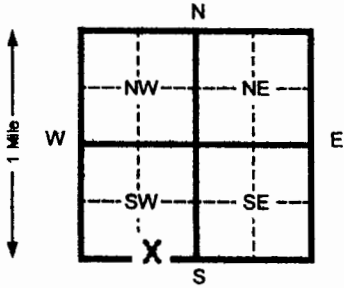


| | | | | | | |
|--|-----|---|------------------------------|----------------------------------|---------------------------------------|--------------------|
| 1 LOCATION OF WATER WELL: County: Lane | | Fraction SW ¼ SE ¼ SW ¼ | Section Number 27 | Township Number T 18 S | Range Number R 29 EW | |
| 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 S Ike Rd City, State, ZIP Code : Dighton Ks 67839 Board of Agriculture, Division of Water Resources Application Number: 20050296 | | | | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  | | 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: <input checked="" type="checkbox"/> Public water supply <input type="checkbox"/> Air conditioning <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden (domestic) <input type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____ | | | | |
| 5 TYPE OF BLANK CASING USED: 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought Iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) _____ Welded _____ <input type="checkbox"/> 7 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: <input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) _____ 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole) _____ SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) 2 Louvered shutter <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes 4 Key punched <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 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: 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/ Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) none Direction from well? _____ How many feet? _____ | | | | | | |
| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
| 0 | 2 | | Surface | 118 | 120 | Brown shale |
| 2 | 18 | | Loess | | | |
| 18 | 21 | | Clay & caliche | | | |
| 21 | 28 | | Chert | | | |
| 28 | 43 | | Sandstone & caliche | | | |
| 43 | 70 | | Sandstone w/clay & caliche | | | |
| 70 | 74 | | Chert | | | |
| 74 | 90 | | Clay & caliche | | | |
| 90 | 94 | | Sandstone | | | |
| 94 | 97 | | Fine sand | | | |
| 97 | 102 | | Clay | | | |
| 102 | 112 | | Fine to some med sand w/clay | | | |
| | | | Strk, semi-tight | | | |
| 112 | 118 | | 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) 9-27-05 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) 10-06-05 under the business name of Woofter Pump & Well Inc. by (signature) <i>Jay L 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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