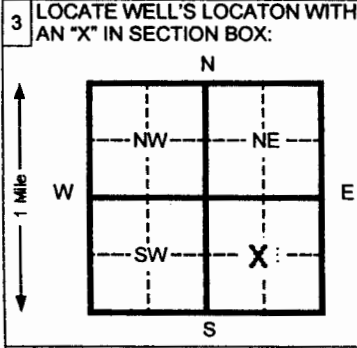


1 LOCATION OF WATER WELL: Fraction **SE ¼ NW ¼ SE ¼** Section Number **14** Township Number **T 18 S** Range Number **R 31 EW**
 County: **Scott**
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Jon Ramsey**
 RR#, St. Address, Box #: **10200 E Rd 170** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Scott City, Ks 67871** Application Number: **20050092**



4 DEPTH OF COMPLETED WELL **133** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL _____ 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 **135** 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped _____
 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 PVC 4 ABS 7 Fiberglass Threaded _____
 Blank casing diameter **4.5** in. to **93** 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: PVC 10 Asbestos-cement
 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped Saw cut 11 None (open hole)
 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **93** ft. to **133** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **133** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 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:
 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)
 _____ _____ _____ _____ _____
 Direction from well? _____ How many feet? _____
none

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			
2	12		Loess			
12	27		Clay			
27	44		Clay & caliche			
44	52		Sandstone & caliche			
52	59		Fine to some med sand			
59	64		Caliche			
64	108		Fine sand & sandstone			
108	127		Clay (yellow)			
127	135		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) **04-04-05** 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) **4-29-05**
 under the business name of **Woofor Pump & Well Inc.** by (signature) *Wayne L. Woofor*

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.