

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Wichita</b>		<b>NE 1/4 SE 1/4 NE 1/4</b>	<b>23</b>	<b>T 18 S</b>	<b>R 37 E</b>
Distance and direction from nearest town or city street address of well if located within city?					

  

2 WATER WELL OWNER: <b>Lonnie Bush</b>		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # : <b>PO Box 309</b>		
City, State, ZIP Code : <b>Leoti, KS 67861</b>		

  

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>180</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:		5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
<b>2 PVC</b>	4 ABS	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) _____
SCREEN OR PERFORATION OPENINGS ARE:				
1 Continuous slot	3 Mill slot	5 Gauzed wrapped	<b>8</b> Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
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 <b>3 Bentonite</b> 4 Other _____				
Grout Intervals 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	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 <b>none</b>				
Direction from well?		How many feet?		

  

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	126	140	Fine to some med sd w/clay & Caliche lens
2	7		Loess			
7	12		Clay	140	144	Clay
12	16		Clay & caliche	144	146	Clay w/sand strk
16	21		Cemented sand & sand strk	146	157	Fine to some med sand w/clay strks
21	28		Clay & caliche	157	166	Yellow ochre
28	32		Med sand w/clay strk	166	180	Black shale
32	60		Caliche & cemented sand			
60	81		Clay & caliche			
81	92		Fine to some med sand w/clay & caliche strk			
92	108		Clay			
108	115		Sandstone			
115	126		Fine sand w/sandy clay strk			

  

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>5-3-05</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>5-20-05</b>
under the business name of <b>Woofter Pump &amp; Well Inc.</b>	by (signature) <i>Sally G. 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, 1400 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.