

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Wichita</b>		<b>SW ¼ SW ¼ SE ¼</b>		<b>18</b>		<b>T 18 S</b>		<b>R 37 EW</b>	
Distance and direction from nearest town or city street address of well if located within city?									
2 WATER WELL OWNER: <b>Whitcrop Farms</b>									
RR#, St. Address, Box #: <b>RR2, Box 200</b>					Board of Agriculture, Division of Water Resources				
City, State, ZIP Code: <b>Leoti, Ks 67861</b>					Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL <b>160</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>162</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 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass _____ Threaded _____									
Blank casing diameter <b>4.5</b> in. to <b>140</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>140</b> ft. to <b>160</b> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS:									
From <b>20</b> ft. to <b>160</b> ft. From _____ ft. to _____ 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 <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 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) <b>none</b>									
13 Insecticide storage _____									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	2		Surface			Caliche strks			
2	15		Loess	105	113	Fine to med sand w/clay strks			
15	30		Clay w/caliche strks & sand strk	113	120	Clay w/caliche strks & sand strks			
30	45		Clay w/caliche strks & sand strk	120	135	Med sand w/clay lenses			
45	55		Fine to med sand w/clay &	135	150	Med sand w/some small gravel & clay			
			Caliche strks			Lenses			
55	60		Clay w/caliche strks	150	157	Med sand w/some small gravel &			
60	70		Clay w/caliche strks			Clay lenses			
70	75		Med sand w/clay lenses	157	162	Yellow ochre			
75	81		Fine to med sand w/clay lenses						
81	90		Fine to med sd w/clay & caliche						
			Strks						
90	95		Fine to med sd w/clay lenses						
95	105		Fine to med sand w/clay &						
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>7-31-06</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>9-1-06</b>					
under the business name of <b>Woofert Pump &amp; Well Inc.</b>				by (signature) <i>John C. Woofert</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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