

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Wichita		NW $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$	12	T 18 S	R 38 EW
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Thelma Miller					
RR#, St. Address, Box # : P. O. Box 617					
City, State, ZIP Code : Scott City, Ks 67871					
Board of Agriculture, Division of Water Resources Application Number: 9059-02; 23565					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 207 ft. ELEVATION: And 10570-02			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 160 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 18 in. to 210 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) <input checked="" type="checkbox"/> 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 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 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ <input checked="" type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____ 7 Fiberglass _____ Threaded _____					
Blank casing diameter 10 in. to 167 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface 24 in., weight 7.80 lbs./ft. Wall thickness or gauge No. .365					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) _____					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped <input checked="" type="checkbox"/> 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 167 ft. to 207 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 20 ft. to 207 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement 2 Cement grout 3 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:					
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 none					
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface	116	125
2	17		Loess	125	136
17	23		Chert	136	145
23	41		Caliche & clay	145	148
41	61		Sandstone & caliche	148	157
61	67		Fine to some med sd w/clay & Caliche	157	161
				161	174
67	76		Clay & caliche	174	184
76	83		Fine to some med sd w/clay & Caliche	184	189
				189	203
83	97		Sandstone & caliche		
97	107		Fine to med sd w/clay & caliche	203	207
107	116		Fine sd w/some med sd w/caliche & clay strks	207	210
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) 11-2-07 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) 11-05-97					
under the business name of Woofert Pump & Well Inc. by (signature) <i>[Signature]</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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