

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Greeley		NE 1/4 NE 1/4 NE 1/4		29		T 18 S		R 40	
Distance and direction from nearest town or city street address of well if located within city? Ks Hwy 96 & 27, Tribune, Kansas									
2 WATER WELL OWNER: United Plains Ag									
RR#, St. Address, Box #: PO Box 20									
City, State, ZIP Code: Sharon Springs, Ks 67758									
Board of Agriculture, Division of Water Resources Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 104 105 ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.							
		WELL'S STATIC WATER LEVEL 87.15 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 112 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 X If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes _____ No X									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded									
7 Fiberglass Threaded									
Blank casing diameter 4 in. to 79 80 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface 0 in., weight 2.071 lbs./ft. Wall thickness or gauge No. .237									
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 8 Saw cut 11 None (open hole)									
2 Louvered shutter 4 Key punched 7 Wire wrapped 9 Drilled holes 10 Other (specify)									
7 Torch cut									
SCREEN-PERFORATED INTERVALS: From 80 79 ft. to 104 105 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 78 ft. to 104 105 ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL:									
1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grout Intervals From 2+ ft. to 74 78 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 contaminated site									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	2		Surface						
2	12		Silt						
12	26		Caliche w/clay lenses & traces						
			Of sand						
26	35		Fine sand w/caliche & clay strks						
35	55		Fine & med sand & gravel w/						
			Caliche lenses						
55	71		Fine to some med sand w/						
			Caliche strks						
71	92		Fine & med sand w/caliche strk						
			And traces of clay						
92	112		Fine & med sand w/clay strks &						
			Caliche lenses						
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) 9/30/08 and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 783 This Water Well Record was completed on (mo/day/yr) 10/07/08									
under the business name of Woofert Pump & Well Inc. by (signature)									
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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