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|---|----|--|----------------------------------|--|--------------------------------|
| 1 LOCATION OF WATER WELL: County: Greeley | | Fraction NE ¼ NE ¼ NE ¼ | Section Number 29 | Township Number T 18 S | Range Number R 40 EW |
| 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 -405 ft. ELEVATION: | | | |
| | | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. | | | |
| | | WELL'S STATIC WATER LEVEL 86.65 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 110 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) <input checked="" type="checkbox"/> 10 Monitoring well | | | |
| | | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> X If yes, (mo/day/yr) sample was submitted _____ | | | |
| | | Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/> X | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | |
| 1 Steel | | 3 RMP (SR) | | 5 Wrought Iron | |
| <input checked="" type="checkbox"/> 2 PVC | | 4 ABS | | 6 Asbestos-Cement | |
| | | | | 7 Fiberglass | |
| Blank casing diameter 4 in. to 79-80 ft. Dia | | in. to _____ ft. Dia | | CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped | |
| Casing height above land surface 0 in., weight 2.071 lbs./ft. | | Wall thickness or gauge No. .237 | | Welded _____ | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | |
| 1 Steel | | 3 Stainless steel | | <input checked="" type="checkbox"/> 7 PVC | |
| 2 Brass | | 4 Galvanized steel | | 8 RMP (SR) | |
| | | | | 9 ABS | |
| | | | | 10 Asbestos-cement | |
| | | | | 11 Other (specify) | |
| | | | | 12 None used (open hole) | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | |
| 1 Continuous slot | | 3 Mill slot | | <input checked="" type="checkbox"/> 8 Saw cut | |
| 2 Louvered shutter | | 4 Key punched | | 9 Drilled holes | |
| | | | | 10 Other (specify) | |
| | | | | 11 None (open hole) | |
| SCREEN-PERFORATED INTERVALS: | | | | | |
| From 79-80 ft. to 104-405 ft. | | From _____ ft. to _____ ft. | | From _____ ft. to _____ ft. | |
| From _____ ft. to _____ ft. | | From _____ ft. to _____ ft. | | From _____ ft. to _____ ft. | |
| GRAVEL PACK INTERVALS: | | | | | |
| From 78 ft. to 104-405 ft. | | From _____ ft. to _____ ft. | | From _____ ft. to _____ 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 24 ft. to 74-78 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 | |
| 2 Sewer lines | | 5 Cess pool | | 8 Sewage lagoon | |
| 3 Watertight sewer lines | | 6 Seepage pit | | 9 Feedyard | |
| | | | | 10 Livestock pens | |
| | | | | 11 Fuel storage | |
| | | | | 12 Fertilizer storage | |
| | | | | 13 Insecticide storage | |
| | | | | 14 Abandoned water well | |
| | | | | 15 Oil well/ Gas well | |
| | | | | 16 Other (specify below) | |
| | | | | contaminated site | |
| Direction from well? _____ How many feet? _____ | | | | | |
| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO |
| 0 | 2 | | Surface | 86 | 93 |
| 2 | 10 | | Silt & fine sand | 93 | 110 |
| 10 | 20 | | Caliche w/clay lenses & traces | | |
| | | | Of sand | | |
| 20 | 33 | | Fine to some med sand w/ | | |
| | | | Caliche strks & clay lenses | | |
| 33 | 52 | | Fine & med sand & gravel w/ | | |
| | | | caliche lenses | | |
| 52 | 58 | | Fine sand w/clay & caliche strks | | |
| 58 | 70 | | Caliche w/clay lenses & traces | | |
| | | | Of sand | | |
| 70 | 80 | | Fine & med sand w/caliche | | |
| | | | Lenses & traces of clay | | |
| 80 | 86 | | Caliche w/sand | | |
| 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) 9/29/08 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 Woofter 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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BUREAU OF WATER