

1 LOCATION OF WATER WELL:		Fraction <u>NW</u>	Section Number	Township Number	Range Number
County: Greeley		<u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	29	T 18 S	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			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Sharon Springs, Ks 67758			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>104</u> 105 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <u>94.66</u> 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 <u>8</u> in. to <u>113</u> 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"/> If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		8 Concrete tile	
		7 Fiberglass		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped	
Blank casing diameter <u>4</u> in. to <u>79-80</u> ft., Dia				Welded _____	
Casing height above land surface <u>0</u> in., weight <u>2.071</u> lbs./ft.				Threaded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> 7 PVC		10 Asbestos-cement	
1 Steel		3 Stainless steel		8 RMP (SR)	
2 Brass		4 Galvanized steel		11 Other (specify) _____	
		6 Concrete tile		9 ABS	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		<input checked="" type="checkbox"/> 8 Saw cut	
1 Continuous slot		3 Mill slot		11 None (open hole)	
2 Louvered shutter		4 Key punched		9 Drilled holes	
		7 Torch cut		10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:		From <u>79-80</u> ft. to <u>104</u> 105 ft.		ft. From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		ft. From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From <u>78</u> ft. to <u>104</u> 105 ft.		ft. From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		ft. From _____ ft. to _____ ft.	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout intervals From <u>+2</u> ft. to <u>78-74</u> 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	
				14 Abandoned water well	
				11 Fuel storage	
				15 Oil well/ Gas well	
				12 Fertilizer storage	
				16 Other (specify below) <u>contaminated site</u>	
				13 Insecticide storage	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	6		Cement		
6	16		Silt		
16	22		Caliche w/traces of sand		
22	35		Fine sand w/caliche strks		
35	40		Fine & med sand w/caliche lenses		
40	60		Fine & med sand & gravel w/caliche strks		
60	75		Fine sand w/caliche & traces of clay		
75	80		Fine & med sand w/clay lenses		
80	95		Fine & med sand w/caliche strk And traces of clay		
95	113		Fine & med sand w/clay strks &		
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) <u>9/29/08</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>783</u>			This Water Well Record was completed on (mo/day/yr) <u>10/07/08</u>		
under the business name of <u>Woofert Pump & Well Inc.</u>			by (signature) <u>[Signature]</u>		
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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