

1 LOCATION OF WATER WELL: County: Wichita	Fraction SW 1/4 SW 1/4 SE 1/4	Section Number 17	Township Number T 20 S	Range Number R 35 E/W		
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Jess Eder RR#, St. Address, Box # : P O Box 41 City, State, ZIP Code : Leoti, Ks 67861						
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 120 ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL NA 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 120 ft. and _____ in. to _____ ft.		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well				
<input checked="" type="checkbox"/> 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)		<input 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:						
<input type="checkbox"/> 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)		<input type="checkbox"/> 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped				
<input checked="" type="checkbox"/> 2 PVC 4 ABS 7 Fiberglass		<input type="checkbox"/> Welded <input type="checkbox"/> Threaded				
Blank casing diameter 4.5 in. to 80 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.						
Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. .248						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
<input type="checkbox"/> 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)		<input checked="" type="checkbox"/> 7 PVC 10 Asbestos-cement				
<input type="checkbox"/> 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)		<input type="checkbox"/> 8 Saw cut 11 None (open hole)				
SCREEN OR PERFORATION OPENINGS ARE:						
<input type="checkbox"/> 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes		<input checked="" type="checkbox"/> 8 Saw cut 11 None (open hole)				
<input type="checkbox"/> 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)						
SCREEN-PERFORATED INTERVALS: From 80 ft. to 120 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 20 ft. to 120 ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 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:						
<input type="checkbox"/> 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas well		<input type="checkbox"/> 10 Livestock pens 14 Abandoned water well				
<input type="checkbox"/> 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)		<input type="checkbox"/> 13 Insecticide storage none				
<input type="checkbox"/> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard						
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			
2	11		Fine sand w/traces of caliche			
11	23		Fine to med sd w/caliche lenses			
23	78		Fine to med sd & small gravel w/traces of caliche			
78	82		Caliche w/sand strks			
82	90		Fine to med sand			
90	100		Clay & caliche			
100	110		Fine sand w/clay & caliche			
110	120		Yellow ochre/black shale			
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) 12-11-08 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) 12-19-08 under the business name of Woofter Pump & Well Inc. by (signature) <i>Jess Eder</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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