

1 LOCATION OF WATER WELL: Fraction SE 1/4 SE 1/4 SW 1/4 Section Number 3 Township Number T 20 S Range Number R 39 E/W

County: Greeley

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Todd Siverson

RR#, St. Address, Box #: 301 5 Co Rd 2 Board of Agriculture, Division of Water Resources

City, State, ZIP Code: Leoti, Ks 67861 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL 215 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 215 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 If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes No _____

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped _____

2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____

7 Fiberglass _____ Threaded _____

Blank casing diameter 4.5 in. to 175 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: 7 PVC 10 Asbestos-cement

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 6 Wire wrapped 9 Drilled holes _____

7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 175 ft. to 215 ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 215 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	PLUGGING INTERVALS
0	2		Surface			& caliche strks
2	20		Loess	135	140	Clay & caliche w/sand strks
20	27		Caliche & clay w/sand strks	140	150	Fine to med sd w/clay & caliche strks
27	34		Caliche w/clay strks	150	160	Fine to some med sd w/clay strks &
34	60		Fine to med w/small gravel			Caliche lenses
60	84		Fine to med sd w/clay & caliche	160	180	Fine to med sd w/clay & caliche lense
			Strks	180	195	Fine to med sd w/caliche lenses
84	93		Fine to med sd w/caliche lenses	195	200	Fine to med sd w/clay & caliche
93	103		Fine to med sd w/clay & caliche	200	211	Fine to med sand
			Lenses	211	220	Yellow ochre/black shale
103	117		Fine to med sand w/clay lenses			
117	123		Fine to med sd w/clay & caliche			
			strks			
123	135		Fine to some med sd w/clay			

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) 2-27-08 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) 6-2-08

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.