

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Stafford		SW 1/4 SE 1/4 SE 1/4	29	T 22 S	R 12 EW
Distance and direction from nearest town or city street address of well if located within city?					
Hudson, Ks - 280 ft east + 190 ft south of Main + Valley Intersection					
2 WATER WELL OWNER: RDHE BER					
RR#, St. Address, Box # : 1000 SW Jackson - Suite 410					
City, State, ZIP Code : Topeka Ks 66612					
Board of Agriculture, Division of Water Resources Application Number: SWP 2 d					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 80 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.			
		WELL'S STATIC WATER LEVEL 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 80 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) 6 Asbestos-Cement 9 Other (specify below) CASING JOINTS: Glued X Clamped					
2 PVC 4 ABS 7 Fiberglass _____ Welded					
Blank casing diameter 2 in. to 70 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface 0 in., weight .716 lbs./ft. Wall thickness or gauge No. 154					
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) _____					
SCREEN-PERFORATED INTERVALS: From 70 ft. to 80 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 68 ft. to 80 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals From 0 ft. to 65 ft. From 65 ft. to 68 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
0	2		Surface		
2	8		fine sand		
8	12		Clay w/traces of caliche		
12	15		Fine sand w/clay lenses		
15	23		Clay w/traces of caliche & sand		
23	33		Fine sand w/clay lenses		
33	43		Fine sand w/clay strks		
43	51		Fine sand w/clay lenses		
51	55		Fine sand w/clay & caliche		
			Lenses		
55	60		Fine sand w/clay & caliche strks		
60	65		Fine sand w/traces of clay		
65	80		Fine to med 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) 9-22-08 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) 9-26-08					
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 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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