

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Finney</b>		<b>NW</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$		<b>24</b>		<b>T 34 S</b>		<b>R 2 E</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>Brine Spill - northwest of stock yards</b>									
2 WATER WELL OWNER: <b>Tyson Foods</b>									
RR#, St. Address, Box # : _____ Board of Agriculture, Division of Water Resources									
City, State, ZIP Code : <b>Garden City, Ks</b> Application Number: _____									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:					4 DEPTH OF COMPLETED WELL <b>90</b> ft. ELEVATION: _____				
					Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
					WELL'S STATIC WATER LEVEL _____ 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 <b>8</b> in. to <b>95</b> 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 <b>X</b> If yes, mo/day/yr sample was submitted _____									
Water Well Disinfected? Yes _____ No <b>X</b>									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
<b>2</b> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass Threaded _____									
Blank casing diameter <b>4</b> in. to <b>60</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <b>36</b> in., weight <b>2.071</b> lbs./ft. Wall thickness or gauge No. <b>.237</b>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____									
12 None used (open hole) _____									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 Mill slot 5 Gauzed wrapped <b>8</b> 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 <b>60</b> ft. to <b>90</b> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>58</b> ft. to <b>90</b> ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grout intervals From <b>0</b> ft. to <b>55</b> ft. From <b>55</b> ft. to <b>58</b> 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) <b>Contaminated site</b>									
13 Insecticide storage									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	2		surface						
2	16		Clay						
16	23		fine to some med sand						
23	30		Clay						
30	44		clay w/a few sand strks						
44	55		Clay, sandy clay w/a few fine						
			Sand lens						
55	67		Fine to some med sand						
67	81		Clay & sandy clay						
81	86		Fine to some med sand w/clay						
			Strks						
86	88		Clay						
88	95		Fine to some med sd w/clay strk						
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) <b>5-15-05</b> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>6-30-05</b>									
under the business name of <b>Woofert Pump &amp; Well Inc.</b> by (signature) <i>Gayle W. Woofert</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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