

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number
County: <b>Finney</b>		NW ¼ NW ¼ SW ¼	T 24 S		1 R 34 W 8	R Sect. 2 E 1/4
Distance and direction from nearest town or city street address of well if located within city? <b>Brine Pond - east of brine pond</b> T24S, R34W, Sec. 2						
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>125</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>127</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) <b>10</b> 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
<b>2</b> PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)
				7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____
Blank casing diameter <b>4</b> in. to <b>85</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		7 PVC
2 Brass		4 Galvanized steel		6 Concrete tile		8 RMP (SR)
						9 ABS
SCREEN OR PERFORATION OPENINGS ARE:		10 Asbestos-cement				
1 Continuous slot		3 Mill slot		5 Gauzed wrapped		8 Saw cut
2 Louvered shutter		4 Key punched		6 Wire wrapped		9 Drilled holes
				7 Torch cut		10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From <b>85</b> ft. to <b>125</b> ft. From _____ ft. to _____ ft.		11 None (open hole)				
GRAVEL PACK INTERVALS: From <b>82</b> ft. to <b>125</b> ft. From _____ ft. to _____ ft.		12 None used (open hole)				
		From _____ ft. to _____ ft. From _____ ft. to _____ ft.				
		From _____ ft. to _____ 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>79</b> ft. From <b>79</b> ft. to <b>82</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
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage
						13 Insecticide storage
						14 Abandoned water well
						15 Oil well/ Gas well
						16 Other (specify below)
Direction from well?						<b>Contaminated site</b>
How many feet?						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<b>0</b>	<b>2</b>		<b>surface</b>	<b>123</b>	<b>125.5</b>	<b>Fine to some med sand</b>
<b>2</b>	<b>4</b>		<b>clay</b>	<b>125.5</b>	<b>127</b>	<b>clay</b>
<b>4</b>	<b>44</b>		<b>fine to med sand &amp; gravel</b>			
<b>44</b>	<b>49</b>		<b>Clay</b>			
<b>49</b>	<b>54</b>		<b>Fine to some med sand</b>			
<b>54</b>	<b>61</b>		<b>Fine to some med sand w/ Sandy clay strks</b>			
<b>61</b>	<b>66</b>		<b>Sandy clay</b>			
<b>66</b>	<b>70</b>		<b>Fine sand w/sandy clay</b>			
<b>70</b>	<b>71</b>		<b>Clay</b>			
<b>71</b>	<b>102</b>		<b>Fine to med sd w/sandy clay</b>			
			<b>Lens</b>			
<b>102</b>	<b>116</b>		<b>Clay</b>			
<b>116</b>	<b>123</b>		<b>Clay &amp; sandy clay</b>			
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>5-13-05</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>[Signature]</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 66612-1387. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						