

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Ford</b>		<b>NE ¼ SE ¼ SE ¼</b>		<b>34</b>		<b>T 26 S</b>		<b>R 25 E</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>705 S. 14<sup>th</sup> Dodge City, KS</b>									
2 WATER WELL OWNER: <b>Winans Oil</b>									
RR#, St. Address, Box # : <b>PO Box 445</b>									
City, State, ZIP Code : <b>Dodge City, KS 67801</b>									
Board of Agriculture, Division of Water Resources Application Number: <b>MW-AS-2</b>									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:					4 DEPTH OF COMPLETED WELL <b>60</b> ft. ELEVATION:				
					Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
					WELL'S STATIC WATER LEVEL <b>36.87</b> 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>60</b> ft. and _____ in. to _____ ft.					WELL WATER TO BE USED AS:				
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering <b>12</b> Other (Specify below)					5 Public water supply 8 Air conditioning 11 Injection well				
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well <b>Air Sparge</b>									
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 <b>X</b>									
Blank casing diameter <b>2</b> in. to <b>40</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <b>0</b> in., weight <b>.716</b> lbs./ft. Wall thickness or gauge No. <b>.154</b>									
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 <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>40</b> ft. to <b>60</b> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>38</b> ft. to <b>60</b> ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other _____									
Grout Intervals From <b>0</b> ft. to <b>2</b> ft. From <b>2</b> ft. to <b>38</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)									
13 Insecticide storage <b>Contaminated Site</b>									
Direction from well? How many feet?									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	2		Asphalt & Gravel	58	60	Fine to Medium Grained Sand			
2	6		Gray Clay, Sand, & Gravel						
6	20		Loose Sand & Gravel						
20	26		Tan to Gray to Yellow Silty Clay						
26	30		Yellow to Light Brwn Sandy Clay						
30	34		Very Fine Grained Loose, Silty Sand						
34	35		Yellow Clay						
35	40		Fine to Very Fine Grained Sand And Yellow to Tan Sandy Clay						
40	50		Fine Grained Sand						
50	52		Yellow Clay						
52	56		Fine to Medium Grained Sand						
56	58		Yellow Clay w/ Some Sandstone						
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>8-31-04</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>11-18-04</b>									
under the business name of <b>Woofter 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									

OFFICE USE ONLY

T

R

SEC