

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number	
County: Ford		NE ¼ SE ¼ SE ¼	34		T 26 S	R 25 EW	
Distance and direction from nearest town or city street address of well if located within city?							
2 WATER WELL OWNER: River Stop					Tag 00249690		
RR#, St. Address, Box # : 705 S. 14 <sup>th</sup> St.					Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Dodge City, Ks					Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 45 ft. ELEVATION:					
<div style="text-align: center;">N NW NE SW SE X S</div> <div style="position: absolute; left: -40px; top: 50%; transform: translateY(-50%);">W</div> <div style="position: absolute; right: -40px; top: 50%; transform: translateY(-50%);">E</div> <div style="position: absolute; left: -40px; top: 10%;">1 Mile</div>		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.					
		WELL'S STATIC WATER LEVEL 29.39 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 45 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)		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 X			
Blank casing diameter 2 in. to 15 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 7 PVC		8 RMP (SR) 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS		11 Other (specify) _____					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 8 Saw cut 11 None (open hole)					
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes		7 Torch cut 10 Other (specify) _____					
2 Louvered shutter 4 Key punched							
SCREEN-PERFORATED INTERVALS:							
From 15 ft. to 45 ft.		From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS:		From 36 ft. to 45 ft.					
From 13 ft. to 36 ft.		From _____ ft. to _____ ft.					
6 GROUT MATERIAL:							
1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Intervals From 1 ft. to 13 ft.		ft. to _____ ft.		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	PLUGGING INTERVALS	
0	1		Black soil				
1	6		Very fine grained sand, loose				
6	23		Mixed loose sand				
23	25		Mixed clayey sand, cohesivse				
25	33		Sandy clay				
33	45		Very fine grained clayey sand, Fine clay strks				
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) 1-10-06 and this record is true to the best of my knowledge and belief. Kansas							
Water Well Contractor's License No. 554				This Water Well Record was completed on (mo/day/yr) 2-24-06			
under the business name of Woofor Pump & Well Inc.				by (signature) [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.							