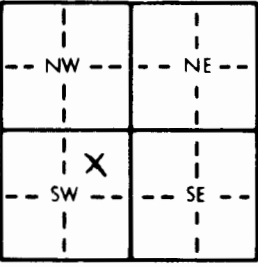


1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																																																	
County: <u>Ford</u>		CNE 1/4 NE 1/4 SW 1/4		16		T 28 S		R 21 EW																																																																																																	
Distance and direction from nearest town or city street address of well if located within city? <u>8 miles east, 1 1/2 north, 1/2 mile east of Ford, Kansas</u>																																																																																																									
2 WATER WELL OWNER: <u>Sec Roy Austin</u> <u>Murfin Drilling</u>																																																																																																									
RR#, St. Address, Box #: <u>221 W. Cedar</u> <u>Box 661</u> Board of Agriculture, Division of Water Resources																																																																																																									
City, State, ZIP Code: <u>Bucklin, Ks. 67834</u> <u>Colby, Ks. 67701</u> Application Number: <u>920335</u>																																																																																																									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL: <u>120</u> ft. ELEVATION: _____ ft.																																																																																																					
<div style="text-align: center;"></div>				Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.																																																																																																					
				WELL'S STATIC WATER LEVEL <u>52</u> 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 <u>8</u> in. to <u>120</u> ft. and _____ in. to _____ ft.																																																																																																					
WELL WATER TO BE USED AS:																																																																																																									
1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well																																																																																																									
2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)																																																																																																									
7 Lawn and garden only 10 Monitoring well																																																																																																									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr sample was submitted _____																																																																																																									
Water Well Disinfected? Yes _____ No <u>X</u> _____																																																																																																									
5 TYPE OF BLANK CASING USED:																																																																																																									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> _____ Clamped _____																																																																																																									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____																																																																																																									
7 Fiberglass Threaded _____																																																																																																									
Blank casing diameter <u>4.5</u> in. to <u>80</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.																																																																																																									
Casing height above land surface <u>18</u> in., weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>.248</u>																																																																																																									
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 6 Wire wrapped 9 Drilled holes																																																																																																									
7 Torch cut 10 Other (specify) _____																																																																																																									
SCREEN-PERFORATED INTERVALS: From <u>80</u> ft. to <u>120</u> ft., From _____ ft. to _____ ft.																																																																																																									
From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																																																									
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>120</u> 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 <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ 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																																																																																																									
Direction from well? <u>NE</u> How many feet? <u>150'</u>																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>1</td><td>Surface</td><td></td><td></td><td></td></tr><tr><td>1</td><td>5</td><td>Fine Silty Sand</td><td></td><td></td><td></td></tr><tr><td>5</td><td>17</td><td>Fine to Med. Sand</td><td></td><td></td><td></td></tr><tr><td>17</td><td>24</td><td>Sandy Clay</td><td></td><td></td><td></td></tr><tr><td>24</td><td>28</td><td>Fine to Med. Sand</td><td></td><td></td><td></td></tr><tr><td>28</td><td>38.5</td><td>Hard Layer</td><td></td><td></td><td></td></tr><tr><td>38.5</td><td>51</td><td>Caliche & Sand Streaks</td><td></td><td></td><td></td></tr><tr><td>51</td><td>52</td><td>Caliche</td><td></td><td></td><td></td></tr><tr><td>52</td><td>58</td><td>Sand & Clay Strks.</td><td></td><td></td><td></td></tr><tr><td>58</td><td>70</td><td>Fine Sand</td><td></td><td></td><td></td></tr><tr><td>70</td><td>79</td><td>Med. to Coarse Tight Sand</td><td></td><td></td><td></td></tr><tr><td>79</td><td>81</td><td>Hard Layer</td><td></td><td></td><td></td></tr><tr><td>81</td><td>94</td><td>Med. Sand</td><td></td><td></td><td></td></tr><tr><td>94</td><td>107</td><td>Caliche-Tight Sand</td><td></td><td></td><td></td></tr><tr><td>107</td><td>120</td><td>Ochre</td><td></td><td></td><td></td></tr></tbody></table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	1	Surface				1	5	Fine Silty Sand				5	17	Fine to Med. Sand				17	24	Sandy Clay				24	28	Fine to Med. Sand				28	38.5	Hard Layer				38.5	51	Caliche & Sand Streaks				51	52	Caliche				52	58	Sand & Clay Strks.				58	70	Fine Sand				70	79	Med. to Coarse Tight Sand				79	81	Hard Layer				81	94	Med. Sand				94	107	Caliche-Tight Sand				107	120	Ochre			
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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/year) <u>9-30-92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>9-30-92</u> under the business name of <u>WOOFER PUMP & WELL, INC.</u> by (signature) <u>Ray C. Woofar</u>																																																																																																									
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top 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.																																																																																																									