

|                           |                             |                |                 |                |
|---------------------------|-----------------------------|----------------|-----------------|----------------|
| 1 LOCATION OF WATER WELL: | Fraction                    | Section Number | Township Number | Range Number   |
| County: <b>Gray</b>       | <b>NW 1/4 NE 1/4 NW 1/4</b> | <b>7</b>       | <b>T 28 S</b>   | <b>R 27 EW</b> |

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Dodge City Coop % Terry Cramer**RR#, St. Address, Box #: **Hwy 56** Board of Agriculture, Division of Water Resources  
City, State, ZIP Code: **Dodge City, KS 67801** Application Number: **MW #13**

|  |   |   |
|--|---|---|
| 3 LOCATE WELL'S LOCATON WITH<br>AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL   | 220 ft. ELEVATION:  |
|  | Depth(s) Groundwater Encountered 1  | ft. 2 ft. 3 ft.   |
|  | WELL'S STATIC WATER LEVEL <b>200.30</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 8 in. to 220   | ft. and in. to ft.  |
|  | WELL WATER TO BE USED AS: 5 Public water supply<br>1 Domestic 3 Feed lot 6 Oil field water supply   | 8 Air conditioning 11 Injection well<br>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 <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, mo/day/yr sample was submitted | Water Well Disinfected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                   |                         |  |
|---|-------------------|-------------------------|--|
| 5 TYPE OF BLANK CASING USED:              | 5 Wrought Iron    | 8 Concrete tile         | CASING JOINTS: Glued _____ Clamped _____     |
| 1 Steel                                   | 6 Asbestos-Cement | 9 Other (specify below) | Welded _____                                 |
| <input checked="" type="checkbox"/> 2 PVC | 7 Fiberglass      |                         | Threaded <input checked="" type="checkbox"/> |

Blank casing diameter 4 in. to 180 ft. Dia in. to ft. Dia in. to ft. in. to ft.

Casing height above land surface 0 in. weight 2.071 lbs./ft. Wall thickness or gauge No. .237

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement

2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)

5 Gauzed wrapped 9 ABS 12 None used (open hole)

6 Wire wrapped 8 Saw cut 11 None (open hole)

7 Torch cut 9 Drilled holes

8 Other (specify) 10 Other (specify)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Saw cut 11 None (open hole)

2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Other (specify)

SCREEN-PERFORATED INTERVALS: From 180 ft. to 220 ft. From ft. to ft. From ft. to ft.

From ft. to ft. From ft. to ft. From ft. to ft.

GRAVEL PACK INTERVALS: From 177 ft. to 220 ft. From ft. to ft. 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 0 ft. to 177 ft. From ft. to ft. From ft. to ft.

What is the nearest source of possible contamination:

10 Livestock pens 14 Abandoned water well

11 Fuel storage 15 Oil well/ Gas well

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     | 2     |      | Surface                         | 209  | 220 | <b>Sandy Cly &amp; Caliche w/ Few Sand Str</b> |
| 2     | 3     |      | Loess                           |      |     |  |
| 3     | 10    |      | Clay & Silty Clay               |      |     |  |
| 10    | 29    |      | Clay, Silty Clay & Caliche Str  |      |     |  |
| 29    | 52    |      | Clay with Caliche               |      |     |  |
| 52    | 90    |      | Sandy Clay w/ Caliche Lens      |      |     |  |
| 90    | 116   |      | Sandy Clay w/ Caliche Str       |      |     |  |
| 116   | 124   |      | Sandy Clay w/ Lots of Caliche   |      |     |  |
| 124   | 155   |      | Sandy Clay w/ Caliche Str       |      |     |  |
| 155   | 184.5 |      | Sandy Clay w/ Caliche & Few     |      |     |  |
|       |       |      | Sandstone Str                   |      |     |  |
| 184.5 | 195   |      | Fine to Some Med Sand           |      |     |  |
|       |       |      | W/ Lots of Sandy Clay & Caliche |      |     |  |
| 195   | 209   |      | Sandy Clay & Caliche            |      |     |  |

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) **7-1-04** and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **08-02-04**under the business name of **Woofter Pump & Well, Inc.** by (signature) 

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

SEC