

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Haskell		SE $\frac{1}{4}$ NW $\frac{1}{4}$ SE $\frac{1}{4}$	14	T 28 S	R 33 EW
Distance and direction from nearest town or city street address of well if located within city?					

2 WATER WELL OWNER: Barbee Family Trust; Granger Family Trust		Sheet 1 of 2	
RR#, St. Address, Box #: P O Box 3450		Board of Agriculture, Division of Water Resources	
City, State, ZIP Code: Taos, New Mexico 87571		Application Number: 20040289	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 515 ft. ELEVATION:	
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.	
		WELL'S STATIC WATER LEVEL na 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 540 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 X No _____			

5 TYPE OF BLANK CASING USED:		5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped	
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded			
2 PVC 4 ABS 7 Fiberglass Threaded			
Blank casing diameter 4.5 in. to 415 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. 248			
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement	
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:		8 Saw cut 11 None (open hole)	
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes			
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)			
SCREEN-PERFORATED INTERVALS: From 415 ft. to 515 ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From 20 ft. to 515 ft. From _____ ft. to _____ ft.			

6 GROUT MATERIAL:		1 Neat cement 2 Cement grout 3 Bentonite 4 Other	
Grout Intervals From 0 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well	
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas well			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)			
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage none			
Direction from well?		How many feet?	

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			strk
2	30		Loess	382	390	Shale
30	55		Clay & caliche	390	399	Fine to med sand w/shale lens
55	65		Sandy clay & caliche	399	402	Shale
65	74		Fine sand	402	406	Fine sand w/shale strks
74	131		Med sand w/clay lens	406	410	Shale w/a few sand strks
131	185		Med sand & some gravel w/clay	410	423	shale
			Lens	423	432	Fine to some med sd w/shale strks
185	235		Med sand & gravel w/clay lens	432	436	Shale, clay & caliche
235	238		Clay	436	442	Fine sand w/ shale strks
238	253		Med sand	442	454	Shale
253	267		Yellow ochre	454	460	Fine to some med sd w/shale strk
267	377		Grey shale	460	505	Shale
377	382		Fine to some med sd w/shale	505	520	Fine to some med sd w/clay & shale 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) 12-22-04	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) 12-22-04
under the business name of Woofert Pump and Well Inc.	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

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OFFICE USE ONLY

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