

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Grant</b>		<i>Sec 1/4 Sec 2/4 Sec 3/4</i>	<i>27</i>	T <i>28</i> S	R <i>37</i> EW
Distance and direction from nearest town or city street address of well if located within city? <i>Testra Tech Hwy 160</i>					
2 WATER WELL OWNER: <b>Metcalf Trucking</b>			Board of Agriculture, Division of Water Resources		
RR#, St. Address, Box # : <i>320 W Alameda</i>			Application Number: <b>TMW-3R</b>		
City, State, ZIP Code : <b>Ulysses, Ks</b>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>95</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <i>NA</i> 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>98</b> 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) <input checked="" type="checkbox"/> 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought Iron	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		6 Asbestos-Cement	
		7 Fiberglass		8 Concrete tile	
Blank casing diameter <b>2</b> in. to <b>75</b> ft., Dia		in. to _____ ft., Dia		CASING JOINTS: Glued _____ Clamped _____	
Casing height above land surface <b>0</b> in., weight <b>.716</b> lbs./ft.		Wall thickness or gauge No. <b>.154</b>		Welded _____ Threaded <input checked="" type="checkbox"/>	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 RMP (SR)	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <b>75</b> ft. to <b>95</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>72</b> ft. to <b>95</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below) <b>Contaminated site</b>	
Direction from well?			How many feet?		
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface		
2	8		Fine to some med sd w/clay		
			Lenses		
8	17		Fine to some med sd w/clay strk		
17	30		Clay & caliche w/sand lenses		
30	55		Clay & caliche w/sand lenses		
55	70		Fine to some med sd w/clay		
			Lenses		
70	90		Fine to sand w/clay & caliche		
			Strks		
90	98		Clay w/fine sand strks		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>11-28-07</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>12-07-07</b> under the business name of <b>Woofor Pump &amp; Well Inc.</b> by (signature) <i>Jerry Woofor</i>					
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.					

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