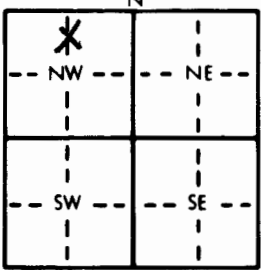


1 LOCATION OF WATER WELL: County: <u>Gray</u>		Fraction: <u>C 1/4 N1/2 1/4 NW 1/4</u>		Section Number: <u>3</u>		Township Number: <u>T 29 S</u>		Range Number: <u>R 30 E</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>2 miles East, 1/2 mi. North, 1/4 mile East of Copeland</u>									
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :		<u>Robert L. Reed</u> <u>Copeland, Ks.</u> <u>67837</u> <u>Murfin Drilling</u> <u>Box 661</u> <u>Colby, Ks. 67701</u>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;">  </div> <div> 4 DEPTH OF COMPLETED WELL: <u>340</u> ft. ELEVATION: _____ ft.  Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.  WELL'S STATIC WATER LEVEL <u>150</u> ft. below land surface measured on mo/day/yr _____ ft.  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>340</u> ft., and _____ in. to _____ ft.  WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) _____  2 Irrigation 4 Industrial 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> _____ </div> </div>							
5 TYPE OF BLANK CASING USED:		1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ 2 PVC 4 ABS 7 Fiberglass _____ Blank casing diameter <u>4.5</u> in. to <u>280</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ 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: 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: 5 Gauzed wrapped 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 <u>280</u> ft. to <u>340</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>340</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: 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 _____ Direction from well? <u>West</u> How many feet? <u>200'</u>							
FROM TO LITHOLOGIC LOG					FROM TO PLUGGING INTERVALS				
0 2 Surface					186 196 Clay				
2 22 Loess					196 219 Med. Sand/Clay Strks.				
22 26 Clay & Caliche					219 221 Clay & Clay Strk				
26 32 Fine Sand & Clay Strks.					221 230 Med. Sand & Gravel/Strks.				
32 75 Clay Caliche & Sand Strks.					230 254 Clay				
75 99 Med. Sand & Clay Strks.					254 303 Med.Sand				
99 100 Clay					303 310 Clay				
100 115 Med. Sand					310 339 Med. Sand				
115 141 Sandy Clay & Caliche					339 340 Clay				
141 151 Med. Sand/Caliche Strks.									
151 156 Clay									
156 168 Med. Sand & Gravel/Clay Strk.									
168 169 Caliche									
169 175 Clay & Caliche									
175 186 Med. Sand									
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>1-9-94</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>1-10-94</u> under the business name of <u>Woofter Pump &amp; Well, Inc.</u> by (signature) <u>Gayle W. Woofter</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.									