

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Haskell		SW $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$	32	T 29 S	R 32 E NW
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Collingwood Grain Facility					
RR#, St. Address, Box #			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: Sublette, Ks			Application Number: MW-5		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 380 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL _____ 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 400 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 _____ No X			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
			7 Fiberglass		Threaded X
Blank casing diameter 4 in. to 330 ft. Dia					
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)
				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 330 ft. to 380 ft.		From _____ ft. to _____ ft.			
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:					
From 327 ft. to 380 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 324 ft.		From 324 ft. to 327 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	CONTAMINATED SITE
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		surface	351	355
2	31		clay	355	371
31	69		Clay & caliche	371	390
69	74		Fine sand w/clay strks	390	400
74	89		Clay & caliche		
89	103		Med sand & gravel w/clay strk		
103	130		Fine to some med sand		
130	133		Clay		
133	156		Med sand & gravel		
156	160		Clay		
160	177		clay & caliche		
177	290		Fine to med sand		
290	300		Clay w/fine sand strks		
300	351		Gray & black shale w/clay lens		
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) 3-08-06 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) 3-31-06		
under the business name of Woofter Pump & Well Inc.			by (signature) <i>Ray C. Woofter</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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