

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Grant		NW 1/4 NW 1/4 SW 1/4	25	T 29 S	R 35 (EW)
Distance and direction from nearest town or city street address of well if located within city? Huff & Huff, Inc. Ryus, Kansas					
2 WATER WELL OWNER: ADM		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # PO Box 1470		Application Number:			
City, State, ZIP Code Decatur IL 62525					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 350 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 355 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	
Blank casing diameter 2 in. to 320 ft. Dia		in. to _____ ft. Dia		CASING JOINTS: Glued _____ Clamped _____	
Casing height above land surface 0 in., weight .716 lbs./ft.		Wall thickness or gauge No. .154		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 PVC	
				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	
				<input checked="" type="checkbox"/> 8 Saw cut	
				9 Drilled holes	
				10 Other (specify)	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From 320 ft. to 350 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 318 ft. to 350 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other					
Grout Intervals From 0 ft. to 314 ft. From 314 ft. to 318 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)	
				CONTAMINATED SITE	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface	153	160
2	12		Loess	160	174
12	27		Silty fine sand w/traces of clay	174	195
27	35		Sandy clay w/clay & caliche strk	195	260
35	62		Fine sand & sandy clay w/clay & Caliche lenses	260	275
62	74		Fine to some med sd w/traces Of clay	275	290
74	87		Fine to some med sd w/clay & Caliche lenses	290	307
87	92		Clay w/traces of caliche	307	322
92	105		Clay w/caliche lenses & fine sd Lenses	322	355
105	153		Fine to med sd w/clay lenses		
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) 8-26-08 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 783		This Water Well Record was completed on (mo/day/yr) 9-16-08			
under the business name of Woofter Pump & 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, 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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