

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Haskell		SE ¼ SE ¼ SW ¼	7	T 30 S	R 33 EW
Distance and direction from nearest town or city street address of well if located within city?					

2 WATER WELL OWNER: Dennis Black		Page 1 of 2 (Continued) Board of Agriculture, Division of Water Resources Application Number: 20060023
RR#, St. Address, Box #: Rt 1, Box 12A		
City, State, ZIP Code: Satanta, KS 67870		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 440 ft. ELEVATION: _____	
		Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.	
		WELL'S STATIC WATER LEVEL 330 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 440 ft. and _____ in. to _____ ft.	
WATER TO BE USED AS: <input checked="" type="checkbox"/> Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well			
<input type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feed lot <input checked="" type="checkbox"/> Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)			
<input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> Lawn and garden (domestic) <input 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 <input checked="" type="checkbox"/> No _____	

5 TYPE OF BLANK CASING USED:		5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR)		6 Asbestos-Cement	9 Other (specify below)	Welded _____
<input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS		7 Fiberglass		Threaded _____
Blank casing diameter 4.5 in. to 380 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:				
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement				
<input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (specify) _____				
<input type="checkbox"/> 12 None used (open hole)				
SCREEN OR PERFORATION OPENINGS ARE:				
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole)				
<input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes				
<input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____				
SCREEN-PERFORATED INTERVALS: From 380 ft. to 440 ft. From _____ ft. to _____ ft.				
GRAVEL PACK INTERVALS: From 20 ft. to 380 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 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well					
<input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/ Gas well					
<input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below)					
		NA			
Direction from well? _____		How many feet? _____			

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3		Surface	221	223	Fairly hard cemented sand
3	20		Loess	223	253	Med sand & gravel
20	60		Clay	253	255	Cemented sand & clay
60	75		Sandy clay w/ fine sand	255	279	Med sand & gravel
75	80		Sticky clay	279	304	Sandy clay
80	105		Med sandy clay gravel fairly loose	304	310	Sticky sandy clay
				310	316	Fine to med sand
105	134		Sandy clay & caliche	316	323	Sandy clay
134	151		Sandy clay w/ a few sand str	323	336	Sandy clay w/ some sand
151	162		Sticky sand	336	375	Fine sand w/ clay layers
162	202		Fine & med sand/clay lens-fairly loose	375	380	Sandy clay
				380	389	Med sand w/ clay
202	203		Hard cemented sand	389	398	Sandy clay
203	221		Med sand & gravel/ clay lens	398	399	Cemented sand

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) 1/26/06 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) 1/27/06
under the business name of Woofert 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.

OFFICE USE ONLY

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