

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Haskell</u>		<u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>3</u>	<u>T</u> <u>30</u> <u>S</u>	<u>R</u> <u>34</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2 Mi. North, 1 1/2 Mi. West, 1/2 Mile North of Satanta</u>					
2 WATER WELL OWNER:		Murfin Drilling, Inc.			
RR#, St. Address, Box # : <u>Rt. 1 Box 65</u>		<u>P. O. Box 661</u>			
City, State, ZIP Code : <u>Sublette, Ks. 67877</u>		<u>Colby, Ks. 67701</u>		Board of Agriculture, Division of Water Resources Application Number: <u>960448</u>	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>420</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered <u>1</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>330</u> 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 <u>8</u> in. to <u>420</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> _____					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
Blank casing diameter <u>4.5</u> in. to <u>360</u> ft., Dia.		7 Fiberglass		8 Concrete tile	
Casing height above land surface <u>18</u> in., weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>248</u>		9 Other (specify below)		CASING JOINTS: Glued <u>X</u> Clamped _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		Welded _____			
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
SCREEN OR PERFORATION OPENINGS ARE:		7 PVC			
1 Continuous slot		3 Mill slot		8 RMP (SR)	
2 Louvered shutter		4 Key punched		9 ABS	
SCREEN-PERFORATED INTERVALS:		10 Asbestos-cement			
From <u>360</u> ft. to <u>420</u> ft., From _____ ft. to _____ ft.		11 Other (specify) _____			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.		12 None used (open hole)			
GRAVEL PACK INTERVALS:		8 Saw cut			
From <u>20</u> ft. to <u>420</u> ft., From _____ ft. to _____ ft.		9 Drilled holes			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.		10 Other (specify) _____			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.		11 None (open hole)			
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.			
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	
Direction from well? <u>NW</u>		10 Livestock pens		14 Abandoned water well	
		11 Fuel storage		15 Oil well/Gas well	
		12 Fertilizer storage		16 Other (specify below)	
		13 Insecticide storage		How many feet? <u>150'</u>	
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
0	2	Surface	342	355	Med. Sand w/Clay
2	20	Loess	355	373	Med. Sand w/a Few Clay Lyrs.
20	61	Clay	373	374	Cemented Sand
61	84	Med. Sand w/Clay Strks.	374	382	Med. Sand & Gravel w/a Few Clay Layers
84	95	Sandy Clay w/a Few Sand Strks.	382	401	Sandy Clay w/a Few Sand Strk.
95	100	Med. Sand w/a Few Cem. Strks. & Some Sand	401	405	Med. Sand w/Clay
100	188	Med. Sand & Gravel	405	406	Clay
188	189	Cemented Sand	406	420	Sandy Clay w/Med. Sand Strks.
189	194	Cemented Sand w/Med. Sand Str			
194	333	Med. Sand & Gravel w/Rocks & Some Cement			
333	337	Sticky Clay w/a Few Sand Strk			
337	340	Med. Sand w/a Few Clay Layers			
340	342	Cemented 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>12-17-96</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>12-18-96</u> under the business name of <u>Woofert Pump & Well, Inc.</u> by (signature) <u>Gayle Woofert</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.					

OFFICE USE ONLY

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