

OFFICE USE ONLY

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1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Seward</b>		<b>S 1/2 S 1/2 NW 1/4</b>		<b>11</b>		<b>T 31 S</b>		<b>R 31 E</b>	
Distance and direction from nearest town or city street address of well if located within city?									
2 WATER WELL OWNER: <b>Phyllis Krause</b>									
RR#, St. Address, Box # : <b>105 W Greensboro St.</b>						Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : <b>Plains, Ks 67869</b>						Application Number: <b>20050113</b>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>335</b> ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <b>na</b> 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 <b>8</b> in. to <b>340</b> ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input checked="" type="radio"/> Public water supply <input type="radio"/> Air conditioning <input type="radio"/> Injection well <input type="radio"/> Domestic <input type="radio"/> Feed lot <input checked="" type="radio"/> Oil field water supply <input type="radio"/> Dewatering <input type="radio"/> Other (Specify below) <input type="radio"/> Irrigation <input type="radio"/> Industrial <input type="radio"/> Lawn and garden (domestic) <input type="radio"/> 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:							
		1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____ Blank casing diameter <b>4.5</b> in. to <b>255</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>.248</b>							
		TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 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 <b>255</b> ft. to <b>335</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>335</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other _____									
Grout Intervals From <b>0</b> ft. to <b>20</b> 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) <b>none</b> 13 Insecticide storage									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	2		Surface			Clay lens			
2	10		Loess	179	180	Sandy clay			
10	30		Clay	180	186	Caliche w/sandstrk			
30	92		Clay & caliche	186	196	Fine to med sand			
92	102		Fine to med sd w/sandy clay f&	196	201	Sandy clay			
			Caliche strks	201	217	Fine to some med sand w/sandy clay			
102	114		Clay w/caliche strk			Lens			
114	117		Caliche	217	234	Clay			
117	125		Clay w/caliche strk	234	247	Fine sand w/some med			
125	142		Fine to med sand w/sandy clay	247	250	Clay			
			Lens	250	259	Fine to some med sand			
142	147		Clay	259	263	Caliche			
147	170		Caliche w/clay strks	263	267	Sandy clay			
170	179		Fine to some med sd w/sandy			Continued to pg 2			
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) <b>4-29-05</b> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>5-13-05</b>									
under the business name of <b>Woofert Pump &amp; Well Inc.</b> 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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