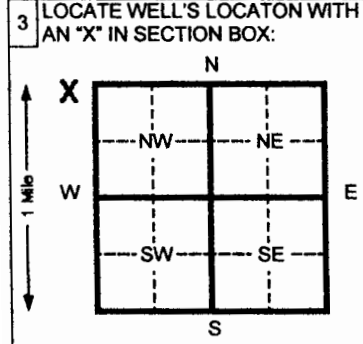


1 LOCATION OF WATER WELL: County: <b>Stevens</b>	Fraction: <b>NW 1/4 NW 1/4 SE 1/4</b>	Section Number: <b>16</b>	Township Number: <b>T 33 S</b>	Range Number: <b>R 37 EW</b>
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Taylor Food Mart # 627**  
 RR#, St. Address, Box # : **700 Main**  
 City, State, ZIP Code : **Hugoton, Ks**  
 Board of Agriculture, Division of Water Resources  
 Application Number: **MW-2R**



4 DEPTH OF COMPLETED WELL: **130** 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 **135** 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  If yes, mo/day/yr sample was submitted \_\_\_\_\_

Water Well Disinfected? Yes \_\_\_\_\_ No \_\_\_\_\_

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____	
<input checked="" type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____	
			7 Fiberglass	Threaded <input checked="" type="checkbox"/>	

Blank casing diameter **4** in. to **80** ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

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	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)
SCREEN OR PERFORATION OPENINGS ARE:				
		5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From **80** ft. to **130** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **78** ft. to **130** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_

Grout intervals From **0** ft. to **74** ft. From **74** ft. to **76** 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>CONTAMINATED SITE</b>

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5		Cement	105	115	Caliche w/clay strks
.5	7		Fill sand	115	120	Clay & caliche w/gravel strks
7	15		Clay w/fine sd strks	120	135	Clay & caliche w/gravel strks
15	26		Clay			
26	30		Fine sand w/clay lenses			
30	51		Fine sand w/clay lenses			
51	60		Fine to med sd w/clay lenses			
60	69		Fine to med sd w/clay lenses			
69	74		Clay & caliche w/sand strks			
74	77		Fine to med sd			
77	84		Med sd w/gravel			
84	90		Med sand			
90	94		Med sand			
94	105		Caliche w/clay strks & sd 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) **10-10-06** 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) **11-10-06** under the business name of **Woofter Pump & Well Inc.** by (signature) \_\_\_\_\_

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.