

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Stevens</b>		<b>NW 1/4 NW 1/4 NW 1/4</b>	<b>16</b>	<b>T 33 S</b>	<b>R 37 E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>Huff &amp; Huff 509 North W Ave - Hugoton, KS 67951</b>					
2 WATER WELL OWNER: <b>ADM</b>					
RR#, St. Address, Box # <b>PO Box 1470</b>					
City, State, ZIP Code <b>Decatur, IL 62525</b>					
Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>160</b> 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 <b>8</b> in. to <b>160</b> 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 <b>X</b> If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes _____ No <b>X</b>					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____					
2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____					
7 Fiberglass Threaded <b>X</b>					
Blank casing diameter <b>2</b> in. to <b>120</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface <b>0</b> in., weight <b>.716</b> lbs./ft. Wall thickness or gauge No. <b>.154</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>120</b> ft. to <b>160</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>118</b> ft. to <b>160</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals From <b>0</b> ft. to <b>115</b> ft. From <b>115</b> ft. to <b>118</b> 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>					
13 Insecticide storage					
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
<b>0</b>	<b>2</b>		<b>Surface</b>		
<b>2</b>	<b>13</b>		<b>Loess</b>		
<b>13</b>	<b>29</b>		<b>Clay w/caliche strks</b>		
<b>29</b>	<b>40</b>		<b>Sandy clay &amp; fine sd w/clay</b>		
			<b>Lenses</b>		
<b>40</b>	<b>50</b>		<b>Fine sand w/clay lenses</b>		
<b>50</b>	<b>60</b>		<b>Fine to med sd w/small gravel</b>		
			<b>Strks &amp; clay lenses</b>		
<b>60</b>	<b>86</b>		<b>Fine sd w/caliche lenses</b>		
<b>86</b>	<b>98</b>		<b>Caliche w/clay strks</b>		
<b>98</b>	<b>108</b>		<b>Clay w/caliche strks</b>		
<b>108</b>	<b>140</b>		<b>Caliche w/clay strks</b>		
<b>140</b>	<b>160</b>		<b>Clay &amp; caliche w/fine sd lenses</b>		
			<b>&amp; sandstone</b>		
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>8-28-08</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>783</b> This Water Well Record was completed on (mo/day/yr) <b>9-16-08</b>					
under the business name of <b>Woofter Pump &amp; Well Inc.</b> 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.					

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