

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Barber	SE ¼ NW ¼ NW ¼	11	T 35 S	R 11 EW

Distance and direction from nearest town or city street address of well if located within city?

located @ west side Railroad Avenue between Main & Campbell

2 WATER WELL OWNER: **O.K. Cooperative**
 RR#, St. Address, Box # : **PO Box 144** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Kiowa, Ks 67070** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 30 ft. ELEVATION:
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL 12.5 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 6 in. to 30 ft. and _____ in. to _____ ft.

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
<input checked="" type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
		7 Fiberglass		Threaded

Blank casing diameter **2** in. to **20** ft. Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **7.5** in., weight **.716** lbs./ft. Wall thickness or gauge No. **.154**

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 **20** ft. to **30** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **18** ft. to **30** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL:

<input checked="" type="checkbox"/> 1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	4 Other
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Grout Intervals From **18** ft. to **30** ft. From **16** ft. to **18** 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)

Contaminated Site

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3		Silt, brn, sandy (loess)			
3	6		Silty clay, dk rd br, firm			
6	12		Silty clay, rd b, firm			
12	18		Silty clay, lt rd br to tan, firm to Stiff, sli sandy, trc caliche			
18	23		Sandy clay, red, fine gr, trc caliche			
23	30		Shale, siltstone, red hard			
30			BH			

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) **12/29/08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **783** This Water Well Record was completed on (mo/day/yr) **1-6-09** under the business name of **Woofter Pump & Well Inc.** by (signature) *[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.

OFFICE USE ONLY

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