

1 LOCATION OF WATER WELL: County: <b>Seward</b>	Fraction <b>NE 1/4 NW 1/4 SE 1/4</b>	Section Number <b>5</b>	Township Number <b>T 35 S</b>	Range Number <b>R 33 EW</b>		
Distance and direction from nearest town or city street address of well if located within city? <b>Loves # 24 Liberal</b>						
2 WATER WELL OWNER: <b>Loves County Shells, Inc</b>		Board of Agriculture, Division of Water Resources				
RR#, St. Address, Box # : <b>1107 N. Pennsylvania</b>		Application Number:				
City, State, ZIP Code : <b>Oklahoma City, OK 73126</b>						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>170</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>172</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) <input checked="" type="checkbox"/> 10 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 _____ No <input checked="" type="checkbox"/>				
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 <b>4</b> in. to <b>140</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <b>0</b> in., weight <b>2.071</b> lbs./ft. Wall thickness or gauge No. <b>.237</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>140</b> ft. to <b>170</b> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <b>137</b> ft. to <b>170</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>134</b> ft. From <b>134</b> ft. to <b>137</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)		
		13 Insecticide storage		<b>Contaminated site</b>		
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5		<b>Cement</b>			
.5	2		<b>Backfill</b>			
2	19		<b>Fine sand</b>			
19	35		<b>Sandy clay &amp; caliche</b>			
35	54		<b>Clay</b>			
54	63		<b>Clay w/caliche strk</b>			
63	67		<b>Fine sand w/sandy clay strk</b>			
67	82		<b>Clay &amp; caliche</b>			
82	89		<b>Fine to some med sand</b>			
89	97		<b>Clay</b>			
97	107		<b>Clay &amp; caliche</b>			
107	142		<b>Clay &amp; caliche w/sandstone strk</b>			
142	165		<b>Caliche w/sandstone strk</b>			
165	172		<b>clay</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>1-25-06</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>2-10-06</b> under the business name of <b>Woofter 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.						

OFFICE USE ONLY

T

R

SEC