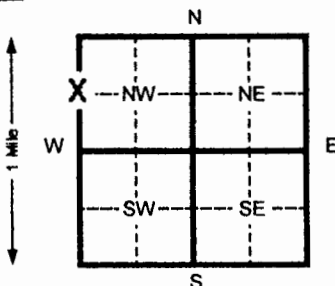


1 LOCATION OF WATER WELL: Fraction **SW 1/4 NW 1/4 NW 1/4** Section Number **4** Township Number **T 35 S** Range Number **R 33 EW**
 County: **Seward**
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Collingwood Grain**
 RR#, St. Address, Box #: **122 S Kansas** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Liberal, KS 67901** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

 4 DEPTH OF COMPLETED WELL: **200** ft. ELEVATION: **2837.47**
 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 **200** 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) 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:
 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded
 Blank casing diameter **4** in. to **150** 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:
 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 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 **150** ft. to **200** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **145** ft. to **200** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals From **0** ft. to **145** 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) _____
Contaminated Site

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	88	105	Clay & Caliche w/ Fine Sand Lens
2	14		Silt	105	112	Sandy Clay w/ Clay Strks & Caliche In
14	24		Caliche w/ Clay Lens & Sand Str	112	137	Clay & Caliche w/ Trace of Sand
24	31		Fine Sand w/ Sandy Clay & Sandstone Lens	137	157	Caliche w/ Clay Strks
			Caliche & Clay w/ Sand Lens	157	166	Clay & Caliche w/ Trace of Sand
31	38		Sandy Clay w/ Fine Sand strk	166	181	Clay w/ Cemented Sand Strk
38	43		And Clay Lens	181	191	Clay w/ Sand Strks
43	62		Clay & Caliche w/ traces of Sand & Sandstone	191	200	Fine to Some Med Sand w/ Clay Strk
62	67		Clay & Caliche w/ Trace of Sand			
67	71		Fine Sand w/ Sandy Clay Strk			
71	81		Clay & Caliche w/ Sand Lens			
81	88		Sandy Clay w/ Sand Strks			

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) **6-5-07** 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) **06-28-07** under the business name of **Woofter Pump & Well Inc.** by (signature) *Woofter Pump & Well Inc.*

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.