

1 LOCATION OF WATER WELL: County: <b>Seward</b>	Fraction <b>SW ¼ NW ¼ NW ¼</b>	Section Number <b>4</b>	Township Number <b>T 35 S</b>	Range Number <b>R 33</b>		
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: <b>Collingwood Grain</b> RR#, St. Address, Box # : <b>122 S Kansas</b> City, State, ZIP Code : <b>Liberal, KS 67901</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>200</b> ft. ELEVATION: <b>2837.08</b>				
		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>200</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="radio"/> 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 <input checked="" type="radio"/> 3 RMP (SR)		5 Wrought Iron 8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____		
2 PVC <input checked="" type="radio"/> 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded _____		
7 Fiberglass				Threaded <input checked="" type="checkbox"/>		
Blank casing diameter _____ in. to <b>150</b> in. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.						
Casing height above land surface _____ 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		11 Other (specify) _____				
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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)		9 Drilled holes				
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____						
SCREEN-PERFORATED INTERVALS: From <b>150</b> ft. to <b>200</b> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <b>145</b> ft. to <b>200</b> ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____						
Grout intervals From <b>0</b> ft. to <b>145</b> 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		15 Fuel storage 16 Oil well/ Gas well				
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)		<b>Contaminated Site</b>				
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage						
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			Sand & Sandstone
2	10		Silt	98	108	Clay & Caliche w/ Fine Sand Strks
10	15		Fine Sand	108	122	Clay & Caliche w/ Trace of Sand
15	27		Fine Sand w/ Clay Strks &	122	135	Clay & Caliche w/ Fine Sand Strks
			Caliche Lens	135	155	Caliche w/ Clay Lens
27	38		Caliche w/ Clay Strk & Trace	155	179	Clay w/ Caliche Strk & Sand Lens
			Sand	179	187	Clay w/ Sand Strk & Caliche Lens
38	50		Sandy Clay w/ Clay Strk and sandstone	187	191	Clay
			Clay & caliche w/ Trace of Sand & Sandstone	191	200	Fine to Some Med Sand w/ Clay Strk
50	67		Clay & Caliche w/ Strk of Fine Sand			
67	82		Sand			
82	98		Clay & Caliche w/ trace of			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>6-4-07</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>06-28-07</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.						

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