

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Phillips</b>		<b>SE ¼ SE ¼ SW ¼</b>	<b>27</b>	T <b>3</b> S	R <b>16</b> EW
Distance and direction from nearest town or city street address of well if located within city? <b>Aquaterra Environmental Solutions, Inc. 819 E Frontage Rd. Cape Girardeau, MO</b>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #		Application Number:			
City, State, ZIP Code		1000 SW Jackson Topeka, KS			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>60</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>60</b> ft. and _____ in. to _____ ft.		WELL WATER TO BE USED AS:			
1 Domestic 3 Feed lot 6 Oil field water supply		5 Public water supply 8 Air conditioning 11 Injection well			
2 Irrigation 4 Industrial 7 Lawn and garden (domestic)		9 Dewatering 12 Other (Specify below)			
10 Monitoring well <b>MW 4</b>		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
5 TYPE OF BLANK CASING USED:		Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>			
1 Steel 3 RMP (SR)		5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____			
2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below) _____ Welded _____			
7 Fiberglass _____ Threaded _____		Blank casing diameter <b>2</b> in. to <b>40</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) 11 Other (specify) _____		2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut 11 None (open hole)			
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes		2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <b>40</b> ft. to <b>60</b> ft. From _____ ft. to _____ ft.		GRAVEL PACK INTERVALS: From <b>38</b> ft. to <b>60</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>36</b> ft. From <b>36</b> ft. to <b>38</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>			
Direction from well? _____ How many feet? _____		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>6-25-08</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>7-18-08</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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