

| | | | | | |
|--|-----|--|--------------------------------|--|--------------------------------|
| 1 LOCATION OF WATER WELL: County: Cheyenne | | Fraction NE 1/4 NE 1/4 NE 1/4 | Section Number 1 | Township Number T 4 S | Range Number R 38 EW |
| Distance and direction from nearest town or city street address of well if located within city? SW Corner of Rd M & 29 | | | | | |
| 2 WATER WELL OWNER: BSB Construction, Inc. | | RR#, St. Address, Box # : 209 E 2nd St | | | |
| City, State, ZIP Code : Curtis, Ne 69025-9736 | | 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 320 ft. ELEVATION: | | | |
| | | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. | | | |
| | | WELL'S STATIC WATER LEVEL na 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 12 in. to 325 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 <input checked="" type="checkbox"/> 12 Other (Specify below) | | | |
| | | 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well Temp const. | | | |
| | | 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 <input checked="" type="checkbox"/> No _____ | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | |
| 1 Steel | | 3 RMP (SR) | | 5 Wrought Iron | |
| <input checked="" type="checkbox"/> 2 PVC | | 4 ABS | | 6 Asbestos-Cement | |
| | | | | 7 Fiberglass | |
| | | | | 8 Concrete tile | |
| | | | | 9 Other (specify below) | |
| | | | | CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ | |
| | | | | Welded _____ | |
| | | | | Threaded _____ | |
| Blank casing diameter 8 in. to 240 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. | | | | | |
| Casing height above land surface 18 in., weight .332 lbs./ft. Wall thickness or gauge No. 5.594 | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | |
| 1 Steel | | 3 Stainless steel | | 5 Fiberglass | |
| <input checked="" type="checkbox"/> 2 Brass | | 4 Galvanized steel | | 6 Concrete tile | |
| | | | | 7 RMP (SR) | |
| | | | | 8 RMP (SR) | |
| | | | | 9 ABS | |
| | | | | 10 Asbestos-cement | |
| | | | | 11 Other (specify) _____ | |
| | | | | 12 None used (open hole) | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | |
| 1 Continuous slot | | 3 Mill slot | | 5 Gauzed wrapped | |
| 2 Louvered shutter | | 4 Key punched | | 6 Wire wrapped | |
| | | | | 7 Torch cut | |
| | | | | 8 Saw cut | |
| | | | | 9 Drilled holes | |
| | | | | 10 Other (specify) _____ | |
| | | | | 11 None (open hole) | |
| SCREEN-PERFORATED INTERVALS: From 240 ft. to 320 ft. From _____ ft. to _____ ft. | | | | | |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft. | | | | | |
| GRAVEL PACK INTERVALS: From 20 ft. to 320 ft. From _____ ft. to _____ ft. | | | | | |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft. | | | | | |
| 6 GROUT MATERIAL: | | | | | |
| 1 Neat cement | | 2 Cement grout | | 3 Bentonite | |
| 4 Other _____ | | | | | |
| Grout intervals From 0 ft. to 20 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 | |
| 2 Sewer lines | | 5 Cess pool | | 8 Sewage lagoon | |
| 3 Watertight sewer lines | | 6 Seepage pit | | 9 Feedyard | |
| | | | | 10 Livestock pens | |
| | | | | 11 Fuel storage | |
| | | | | 12 Fertilizer storage | |
| | | | | 13 Insecticide storage | |
| | | | | 14 Abandoned water well | |
| | | | | 15 Oil well/ Gas well | |
| | | | | 16 Other (specify below) | |
| | | | | none | |
| Direction from well? _____ How many feet? _____ | | | | | |
| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO |
| 0 | 2 | | Surface | | |
| | | | | | |
| 2 | 18 | | Loess | 190 | 194 |
| | | | | | |
| 18 | 31 | | Clay | 194 | 215 |
| | | | | | |
| 31 | 112 | | Clay w/caliche strks | 215 | 225 |
| | | | | | |
| 112 | 131 | | Sandstone w/clay & caliche | 225 | 240 |
| | | | | | |
| | | | Lenses | | |
| | | | | | |
| 131 | 140 | | Sandstone w/fine sd & clay & | 240 | 263 |
| | | | | | |
| | | | Caliche lenses | 263 | 318 |
| | | | | | |
| 140 | 146 | | Caliche w/clay | 318 | 325 |
| | | | | | |
| 146 | 155 | | Sandstone w/clay & caliche | | |
| | | | | | |
| | | | Lenses | | |
| | | | | | |
| 155 | 165 | | Clay & caliche | | |
| | | | | | |
| 165 | 185 | | Sandstone w/clay & caliche | | |
| | | | | | |
| 185 | 190 | | Fine & med sd w/clay & caliche | | |
| | | | | | |
| 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) 3-31-08 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) 4-11-08 under the business name of Woofter Pump & Well Inc. by (signature) <i>Jan C. Woofter</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