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|---------------------------|--|----------------|-----------------|-----------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: Phillips | $\frac{1}{4}$ S 1/2 $\frac{1}{4}$ NE $\frac{1}{4}$ | 32 | T 5 S | R 20 E/W |

Distance and direction from nearest town or city street address of well if located within city?

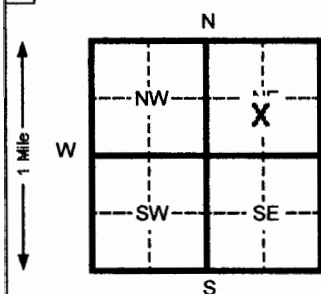
2 WATER WELL OWNER: **James E. Carpenter Trust #1—Ann Schultz, Trustee**RR#, St. Address, Box #: **561 E Thunder Lane**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code: **Phillipsburg, Kansas 67661**

Application Number:

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



4 DEPTH OF COMPLETED WELL

90 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 **8** in. to **100** 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) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr sample was submittedWater Well Disinfected? Yes ☒ No

5 TYPE OF BLANK CASING USED:

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 **4.5** in. to **70** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.Casing height above land surface **18** in., weight **2.38** lbs./ft. Wall thickness or gauge No. **.248**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel

3 Stainless steel

5 Fiberglass

☒ 7 PVC

10 Asbestos-cement

2 Brass

4 Galvanized steel

6 Concrete tile

8 RMP (SR)

11 Other (specify)

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 **70** ft. to **90** ft. From _____ ft. to _____ ft.GRAVEL PACK INTERVALS: From **20** ft. to **90** 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

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

None

Direction from well?

How many feet?

| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|------|---|------|-----|--------------------------|
| 0 | 2 | | Surface | 79 | 88 | Fine and med sand |
| 2 | 20 | | Loess | 88 | 100 | Yellow ochre/black shale |
| 20 | 30 | | Clay w/caliche | | | |
| 30 | 37 | | Fine & med sand w/clay & Caliche lenses | | | |
| 37 | 40 | | Caliche | | | |
| 40 | 53 | | Clay | | | |
| 53 | 60 | | Fine to med sand w/clay strks | | | |
| 60 | 68 | | Fine to some med sand w/ Caliche lenses | | | |
| 68 | 72 | | Clay w/sand strks | | | |
| 72 | 78 | | Fine to some med sand w/clay Lenses | | | |
| 78 | 79 | | Flint | | | |

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) **7/30/08** and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. **783**This Water Well Record was completed on (mo/day/yr) **8/11/08**under the business name of **Woofert Pump & Well Inc.**by (signature) *[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.