

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Norton</b>		<b>NW</b> $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$	<b>34</b>	T <b>5</b> S	R <b>22</b> E <b>N</b>
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: <b>Cindy Bauer</b>					
RR#, St. Address, Box # : <b>4102 Harrison Circle</b>			Board of Agriculture, Division of Water-Resources		
City, State, ZIP Code : <b>Hays, Ks 67601</b>			Application Number: <b>20080205</b>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>180</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <b>na</b> 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>180</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)      10 Monitoring well			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____		Water Well Disinfected? Yes <b>X</b> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel      3 RMP (SR)		5 Wrought iron      8 Concrete tile		CASING JOINTS: Glued <b>X</b> Clamped _____	
2 PVC      4 ABS		6 Asbestos-Cement      9 Other (specify below)		Welded _____	
		7 Fiberglass		Threaded _____	
Blank casing diameter <b>4.5</b> in. to <b>140</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>.248</b>			
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) _____	
		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)	
2 Louvered shutter      4 Key punched		6 Wire wrapped		9 Drilled holes	
		7 Torch cut		10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <b>140</b> ft. to <b>180</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>180</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>20</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			
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		<b>none</b>	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
<b>0</b>	<b>2</b>		<b>Surface</b>		
<b>2</b>	<b>5</b>		<b>Loess</b>	<b>123</b>	<b>150</b>
<b>5</b>	<b>22</b>		<b>Clay</b>	<b>150</b>	<b>170</b>
<b>22</b>	<b>40</b>		<b>Clay &amp; caliche w/sand lenses</b>	<b>170</b>	<b>180</b>
<b>40</b>	<b>47</b>		<b>Sandstone w/fine sd &amp; caliche</b>		
<b>47</b>	<b>55</b>		<b>Fine sand &amp; sdstone w/caliche</b>		
			<b>Lenses</b>		
<b>55</b>	<b>60</b>		<b>Sandstone w/fine sd &amp; caliche</b>		
<b>60</b>	<b>70</b>		<b>Fine to some med sd w/caliche</b>		
			<b>Lenses</b>		
<b>70</b>	<b>80</b>		<b>Fine to med sd w/caliche lenses</b>		
<b>80</b>	<b>90</b>		<b>Yellow ochre</b>		
<b>90</b>	<b>103</b>		<b>Clay w/caliche strks &amp; sd lenses</b>		
<b>103</b>	<b>123</b>		<b>Fine sd &amp; sandy clay w/clay</b>		
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>5-16-08</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>183</b>			This Water Well Record was completed on (mo/day/yr) <b>5-16-08</b>		
under the business name of <b>Woofert 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: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.					

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