

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: <b>Norton</b>		<b>SW 1/4 NW 1/4 NW 1/4</b>	<b>7</b>	<b>T 5 S</b>	<b>R 25 E/W</b>	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: <b>Dan Wahlmeier</b>						
RR#, St. Address, Box # : <b>HC 1, 52B</b>						
City, State, ZIP Code : <b>Clayton, Ks 67629</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>195</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>200</b> ft. and _____ in. to _____ ft.				
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well						
<input type="checkbox"/> 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 <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 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped						
<input type="checkbox"/> 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>155</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 8 RMP (SR) 10 Asbestos-cement						
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____						
12 None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot 3 Mill slot 5 Gauzed wrapped <input type="checkbox"/> 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>155</b> ft. to <b>195</b> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>195</b> ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input type="checkbox"/> 3 Bentonite 4 Other _____						
Grout intervals From <b>0</b> ft. to <b>20</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>old well</b>						
13 Insecticide storage						
Direction from well? <b>SW</b> How many feet? <b>30</b>						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<b>0</b>	<b>2</b>		<b>Surface</b>	<b>95</b>	<b>109</b>	<b>Fine &amp; med sand w/clay &amp; caliche</b>
<b>2</b>	<b>20</b>		<b>Loess</b>			<b>Lenses</b>
<b>20</b>	<b>43</b>		<b>Fine &amp; med sand w/clay strks &amp; caliche lenses</b>	<b>109</b>	<b>115</b>	<b>Fine &amp; med sand w/clay strks</b>
<b>43</b>	<b>56</b>		<b>Fine sand &amp; sandstone w/ Caliche strks</b>	<b>115</b>	<b>120</b>	<b>Clay w/sand strks</b>
<b>56</b>	<b>69</b>		<b>Caliche w/fine sand &amp; sand Stone strks</b>	<b>120</b>	<b>140</b>	<b>Fine &amp; med sand w/clay lenses</b>
<b>69</b>	<b>82</b>		<b>Fine sand &amp; sandstone w/ Caliche strks</b>	<b>140</b>	<b>165</b>	<b>Fine &amp; med sand w/clay strks &amp; Caliche lenses</b>
<b>82</b>	<b>90</b>		<b>Fine to some med sand w/clay Strks &amp; caliche lenses</b>	<b>165</b>	<b>173</b>	<b>Fine &amp; med sand</b>
<b>90</b>	<b>95</b>		<b>Fine to some med sand w/clay &amp; caliche lenses</b>	<b>173</b>	<b>180</b>	<b>Clay</b>
				<b>180</b>	<b>190</b>	<b>Fine some med sand w/clay lenses</b>
				<b>190</b>	<b>200</b>	<b>Yellow ochre, black shale</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>7/22/08</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>8-21-08</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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