

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Osborne</b>		<b>SW ¼ SE ¼ NE ¼</b>	<b>28</b>	<b>T 6 S</b>	<b>R 11 EW</b>
Distance and direction from nearest town or city street address of well if located within city? <b>Railroad Ave. south road right-of-way between 3<sup>rd</sup> and 4<sup>th</sup> Streets</b>					
2 WATER WELL OWNER: <b>KDHE DRYCLEANING PROGRAM</b>					
RR#, St. Address, Box # : <b>Curtis Bldg, 1000 SW Jackson, Suite 410</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Topeka, Ks 66612-1367</b>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>44.5</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 <b>27.44</b> 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>44.5</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) <input checked="" type="checkbox"/> 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 _____ No <input checked="" type="checkbox"/>					
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 <input checked="" type="checkbox"/>
Blank casing diameter <b>2</b> in. to <b>24</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)	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	<input checked="" 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>24</b> ft. to <b>44.5</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>22</b> ft. to <b>44.5</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>20.5</b> ft. From <b>20.5</b> ft. to <b>22.0</b> ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines	7 Pit privy	11 Fuel storage	14 Abandoned water well
2 Sewer lines		5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	15 Oil well/ Gas well
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	13 Insecticide storage	16 Other (specify below)
				<b>Contaminated site</b>	
Direction from well?			How many feet?		
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
<b>0</b>	<b>.5</b>		<b>Grass surface</b>		
<b>.5</b>	<b>5</b>		<b>CL-silty lean clay</b>		
<b>5</b>	<b>10</b>		<b>ML-Silty, non-cohesive</b>		
<b>10</b>	<b>15</b>		<b>CL - Silty Lean Clay, Non-cohesive</b>		
<b>15</b>	<b>20</b>		<b>CL-Silty Lean Clay</b>		
<b>20</b>	<b>25</b>		<b>CL-Silty lean clay, non-cocohesive</b>		
<b>25</b>	<b>30</b>		<b>ML-Sandy silt</b>		
<b>30</b>	<b>35</b>		<b>SP-Poorly graded sand,</b>		
<b>35</b>	<b>40</b>		<b>SP-poorly graded sand</b>		
<b>40</b>	<b>44.5</b>		<b>Sp-poorly graded sand</b>		
<b>44.5</b>			<b>Shale</b>		
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) <b>9-13-05</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>554</b>			This Water Well Record was completed on (mo/day/yr) <b>10-26-05</b>		
under the business name of <b>Woofter 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 SW 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