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|--|-----------|--|---|---|--|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
| County: Osborne | | SW $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$ | 28 | T 6 S | R 11 E/W |
| Distance and direction from nearest town or city street address of well if located within city? Railroad Ave. south road right-of-way at intersection of Railroad Ave. & 4th St. | | | | | |
| 2 WATER WELL OWNER: KDHE DRYCLEANING PROGRAM | | | | | |
| RR#, St. Address, Box # : Curtis Bldg, 1000 SW Jackson, Suite 410 | | | Board of Agriculture, Division of Water Resources | | |
| City, State, ZIP Code : Topeka, Ks 66612-1367 | | | Application Number: | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL 66 ft. ELEVATION: | | | |
| | | Depth(s) Groundwater Encountered 1 27.75 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 8 in. to 66 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 2 in. to 42.5 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. | | | | | |
| Casing height above land surface 0 in., weight .716 lbs./ft. Wall thickness or gauge No. .154 | | | | | |
| 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 42.5 ft. to 66 ft. | | From _____ ft. to _____ ft. | | From _____ ft. to _____ ft. | |
| From _____ ft. to _____ ft. | | From _____ ft. to _____ ft. | | From _____ ft. to _____ ft. | |
| GRAVEL PACK INTERVALS: | | | | | |
| From 24 ft. to 66 ft. | | From _____ ft. to _____ ft. | | From _____ ft. to _____ 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 23 ft. From 23 ft. to 1.0 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 | Contaminated site |
| Direction from well? _____ How many feet? _____ | | | | | |
| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO |
| 0 | .5 | | grass surface | | |
| .5 | 5 | | CL-Silty lean clay | | |
| 5 | 10 | | ML-clayey silt | | |
| 10 | 15 | | cl-silty lean clay | | |
| 15 | 20 | | cl-silty lean clay | | |
| 20 | 25 | | CL-Silty lean clay | | |
| 25 | 30 | | ML-clayey silt | | |
| 30 | 35 | | SP-Poorly Graded Coarse Sd | | |
| 35 | 40 | | SP-Poorly graded coarse Sd | | |
| 40 | 45 | | Sp-Poorly graded coarse Sd | | |
| 45 | 60 | | Sp-Poorly graded coarse Sd | | |
| 60 | 65 | | ML-Sandy, clayey, silt | | |
| 65 | 66 | | Shale | | |
| 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) 9-13-05 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) 10-26-05 | | |
| under the business name of Woofert Pump & Well Inc. | | | 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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. | | | | | |

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