

1 LOCATION OF WATER WELL: County: Graham		Fraction NE 1/4 SW 1/4 NW 1/4	Section Number 7	Township Number T 6 S	Range Number R 22 E
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Ted Nighswonger					
RR#, St. Address, Box # : 3880 us Hwy 283			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Edmond, Ks 67645			Application Number: 20080180		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 140 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 140 ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Public water supply <input type="checkbox"/> Air conditioning <input type="checkbox"/> Injection well			
		1 Domestic 3 Feed lot <input checked="" type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)			
		2 Irrigation 4 Industrial <input type="checkbox"/> Lawn and garden (domestic) <input type="checkbox"/> 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	
<input checked="" type="checkbox"/> PVC		4 ABS		8 Concrete tile	
				6 Asbestos-Cement	
				9 Other (specify below)	
				7 Fiberglass	
				CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
				Welded _____	
				Threaded _____	
Blank casing diameter 4.5 in. to 100 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		<input checked="" type="checkbox"/> PVC	
2 Brass		4 Galvanized steel		8 RMP (SR)	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		<input checked="" type="checkbox"/> Saw cut	
2 Louvered shutter		4 Key punched		11 None (open hole)	
				9 Drilled holes	
				10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From 100 ft. to 140 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 20 ft. to 140 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below) none	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface		
2	22		Loess		
22	33		Fine & med sand		
33	36		Clay		
36	59		Fine to some med sd w/clay		
			Lenses		
59	80		Fine sand & sandstone w/clay & caliche strks		
80	98		Clay & caliche w/sandstone		
98	110		Fine to some med sd w/clay & Caliche lenses		
110	120		Clay		
120	130		Clay w/sand lenses		
130	140		Yellow ochre/black shale		
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) 5-1-08 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) 5-2-08 under the business name of Woofter 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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