

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Thomas		SE 1/4 SE 1/4	23	T 6 S	R 35 E
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: W L W Farms LLC					
RR#, St. Address, Box # : 2791 Co Rd 11			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Levent, Ka 67743			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 270 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ 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 275 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 X If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes X No			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought Iron	
2 PVC		4 ABS		8 Concrete tile	
				CASING JOINTS: Glued X Clamped	
				Welded _____	
				Threaded _____	
Blank casing diameter 4.5 in. to 230 ft. Dia		in. to _____ ft. Dia		in. to _____ ft. Dia	
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		5 Fiberglass	
2 Brass		4 Galvanized steel		8 RMP (SR)	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		8 Wire wrapped	
				9 Torch cut	
				10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:					
From 230 ft. to 270 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 20 ft. to 270 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 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	244	265
2	29		Loess		
29	36		Clay	265	275
36	84		Clay w/caliche lenses		
84	95		Clay w/caliche strks		
95	100		Clay & caliche w/fine sd lenses		
100	120		Fine to med sd w/clay & caliche lenses		
120	136		Clay & caliche w/sd lenses		
136	149		Fine to med sd w/clay & caliche strks		
149	153		Clay & caliche w/sd lenses		
153	190		Fine sd w/clay & caliche strks		
190	211		Fine & med sd w/clay & caliche strks		
211	222		Fine & med sd w/clay & caliche lenses		
222	244		Clay & caliche w/sd strks		
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) 5-4-09 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 554 and/or 783		This Water Well Record was completed on (mo/day/yr) 5-8-09			
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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