

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Thomas</u>		<u>SE 1/4 NE 1/4 SE 1/4</u>	<u>4</u>	<u>T 6 S</u>	<u>R 36</u> EW
Distance and direction from nearest town or city street address of well if located within city?					

2 WATER WELL OWNER: Esther Eicher		Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>3028 County Rd 4</u>		Application Number:
City, State, ZIP Code: <u>Burnett, KS 67732</u>		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>288</u> 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 <u>8</u> in. to <u>293</u> ft. and _____ in. to _____ ft.	
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well			
<input checked="" 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:		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped	
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded			
<input checked="" type="checkbox"/> 2 PVC 4 ABS 7 Fiberglass Threaded			
Blank casing diameter <u>4.5</u> in. to <u>248</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height above land surface <u>18</u> in., weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>.248</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> 7 PVC 10 Asbestos-cement			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)			
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut 11 None (open hole)			
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes			
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)			
SCREEN-PERFORATED INTERVALS: From <u>248</u> ft. to <u>288</u> ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>288</u> ft. From _____ ft. to _____ ft.			

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other	
Grout intervals From <u>0</u> ft. to <u>20</u> 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 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) <u>none</u> 13 Insecticide storage	
Direction from well? _____ How many feet? _____	

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	176	183	Fine to med sand
2	30		Loess	183	192	Cemented sand w/sand strks
30	52		Clay	192	201	Sandstone, caliche & cemented sand
52	70		Cemented sand & caliche	201	210	Sandstone
70	78		Sandstone	210	235	Fine sand
78	94		Fine to med sand	235	247	Fine sand w/sandy clay strks
94	108		Sandstone & cemented sand	247	289	Fine to some med sd w/clay lens
108	118		Fine to med sand w/caliche strk	289	293	Yellow ochre
118	125		Sandstone	293		Black shale
125	147		Fine to med sand w/clay & Caliche			
147	157		Caliche & clay			
157	167		Fine to med sand			
167	176		Clay w/sand strks			

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) <u>8-1-06</u> and this record is true to the best of my knowledge and belief. Kansas	
Water Well Contractor's License No. <u>554</u>	This Water Well Record was completed on (mo/day/yr) <u>8-11-06</u>
under the business name of <u>Woofer Pump & Well Inc.</u>	by (signature) <u>Don C. Woofer, Jr. MR</u>

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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