

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: Graham		NW ¼ SE ¼ NE ¼	1	T 7 S	R 24 E/W	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Marilyn Gridley						
RR#, St. Address, Box # : 610 Greener Terrace			Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : Lawrence, Ks 66046			Application Number: 20070378			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 245 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 243 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 _____ 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		6 Asbestos-Cement		
				7 Fiberglass		
Blank casing diameter 4.5 in. to 205 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		CASING JOINTS: Glued X Clamped _____		
				Welded _____		
				Threaded _____		
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel		3 Stainless steel		5 Fiberglass		
2 Brass		4 Galvanized steel		6 Concrete tile		
				7 PVC		
				8 RMP (SR)		
				9 ABS		
				10 Asbestos-cement		
				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		6 Wire wrapped		
				7 Torch cut		
				8 Saw cut		
				9 Drilled holes		
				10 Other (specify) _____		
				11 None (open hole)		
SCREEN-PERFORATED INTERVALS: From 205 ft. to 245 ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 20 ft. to 245 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	PLUGGING INTERVALS
0	2		Surface	102	125	Fine to med sand w/clay & caliche
2	8		Loess			Strks
8	18		Fine sand	125	131	Clay
18	28		Fine to some med sand w/clay	131	140	Fine to med sand w/clay strks
			Lenses	140	170	Fine to med sand w/clay lenses
28	43		Fine sand w/clay strks & caliche	170	185	Med sand w/small gravel strks
			Lenses	185	239	Fine to med sd w/clay & cal lenses
43	55		Fine to some med sand w/clay	239	243	Fine to med sand w/clay strks
			Lenses	243		flint
55	70		Fine to some med sand w/			
			Caliche strks			
70	95		Fine to some med sand w/			
			Caliche strks & clay lenses			
95	102		Clay & caliche			
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) 10-12-07 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) 10-15-07			
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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