

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: Thomas		SE 1/4 SW 1/4 NW 1/4	21	T 7 S	R 32 EW	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Julia Miller						
RR#, St. Address, Box #: Box 6						
City, State, ZIP Code: Gem, Ks 67734						
Board of Agriculture, Division of Water Resources Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 250 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 260 ft. and _____ in. to _____ ft.		WELL WATER TO BE USED AS:				
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)		5 Public water supply 8 Air conditioning 11 Injection well				
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 _____				
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____				
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____		2 PVC 4 ABS 7 Fiberglass _____ Threaded _____				
Blank casing diameter 4.5 in. to 210 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:		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 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 210 ft. to 250 ft. From _____ ft. to _____ ft.				
GRAVEL PACK INTERVALS:		From 20 ft. to 250 ft. From _____ ft. to _____ ft.				
6 GROUT MATERIAL:		3 Bentonite 4 Other _____				
1 Neat cement 2 Cement grout		Grout Intervals From 0 ft. to 20 ft. From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well				
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas well		2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)				
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage none		Direction from well? _____ How many feet? _____				
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	141	170	Fine to some med sd w/caliche strks & clay lenses
2	29		Loess			
29	40		Silt	170	173	Caliche
40	46		Fine to med sd	173	179	Caliche to some med sd w/caliche strks
46	63		Clay & caliche w/sd strks	179	190	Caliche & clay w/sand strks
63	73		Fine sand w/sandstone & clay	190	223	Fine to med sd w/clay & caliches lens
73	100		Fine to med sd w/caliche strks	223	248	Fine to med sd w/some small gravel
			Clay lenses	248	260	Yellow ochre/black shale
100	112		Fine sand w/clay strks, caliche Lenses			
112	120		Fine to med sd w/clay strks, Caliche lenses			
120	141		Fine to some med sd w/clay & caliche lenses			
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) 5-24-07 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) 6-01-07 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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