

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Thomas		SE 1/4 SW 1/4 SE 1/4		31		T 7 S		R 33 EW	
Distance and direction from nearest town or city street address of well if located within city?									
2 WATER WELL OWNER: US EPA Region #7									
RR#, St. Address, Box # : 901 N 5th St									
City, State, ZIP Code : Kansas City, Kansas 66101									
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 140 ft. ELEVATION: 3121.41 TOC							
		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 10 in. to 140 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 _____ No X									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____									
2 PVC 4 ABS 7 Fiberglass _____ Threaded _____									
Blank casing diameter 6 in. to 110 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface -0.35 in., weight 3.680 lbs./ft. Wall thickness or gauge No. .280									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____									
12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes									
7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From 110 ft. to 140 ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 98 ft. to 140 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 98 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) _____									
13 Insecticide storage _____									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	2		Surface	72	80	Fine to some med sand w/clay & Caliche strks			
2	12		Loess						
12	16		Clay w/caliche lenses	80	88	Caliche & clay w/sand lenses			
16	29		Clay & caliche w/sand lenses	88	100	Fine & med sand w/clay strks & Caliche lenses			
29	35		Fine & med sand w/clay strks & traces of caliche	100	115	Fine to some med sand w/clay & Caliche lenses			
35	40		Fine & med sand w/clay & Caliche strks	115	120	Fine sand & sandy clay w/clay & Caliche lenses			
40	54		Fine & med sand w/clay lenses & traces of caliche	120	133	Fine to some med sand w/clay & Caliche strks			
54	66		Caliche w/clay strks & sand Lenses	133	140	Clay & caliche w/sand & sandstone Strks			
66	72		Fine & med sand 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) 10/28/08 and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 783 This Water Well Record was completed on (mo/day/yr) 11/10/08									
under the business name of Woofter Pump & Well Inc. by (signature)									
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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