

1 LOCATION OF WATER WELL: County: <u>Thomas</u>		Fraction <u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	Section Number <u>36</u>	Township Number <u>T 7 S</u>	Range Number <u>R 34 E</u>
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: <u>Jay Flanagin</u> RR#, St. Address, Box #: <u>HC 1 Box 53A</u> City, State, ZIP Code: <u>Selden, KS 67757</u> 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: <u>180</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <u>99'</u> 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>180</u> ft. and .... in. to .... ft.			
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes.....No.. <u>X</u> .....; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes No <u>X</u>					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped					
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded					
Blank casing diameter <u>4.5</u> in. to <u>140</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:					
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)					
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 <u>140</u> ft. to <u>180</u> ft. From .... ft. to .... ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>180</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: <u>NONE</u>					
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	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface			
2	18	Loess			
18	58	Sandy Clay & Caliche			
58	63	Med. Sand & Gravel w/Clay			
63	70	Semi-Tight Fine to Med. Sand w/Clay			
70	81	Sandy Clay & Caliche w/Some Sand			
81	89	Med. Sand w/Clay Layers			
89	100	Sandy Clay & Caliche w/Some Sand			
100	121	Med. Sand & Gravel w/Clay Lns.			
121	140	Sandy Clay w/Sand Strks.			
140	146	Hard Cemented Sand			
146	158	Cemented Sand w/Sand Strks.			
158	160	Med. Sand w/Clay Layers			
160	180	Med. Sand w/Cemented 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/year) <u>3-6-98</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>4-2-98</u> under the business name of <u>Woofter Pump &amp; Well, Inc.</u> by (signature) <u>Jay C. Woofter</u>					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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