

1 LOCATION OF WATER WELL: County: <u>Sherman</u>		Fraction <u>SW 1/4 SW 1/4 SE 1/4</u>	Section Number <u>11</u>	Township Number T <u>7</u> S	Range Number R <u>40</u> E <u>W</u>
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: RR#, St. Address, Box #: <u>Maugus Family Trust PO Box 397</u> City, State, ZIP Code: <u>Goodland, KS 67735</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>X</u> <u>130</u> ft. ELEVATION:			
<p>A 2x2 grid representing a section box. The quadrants are labeled NW, NE, SW, and SE. An 'X' is marked in the SE quadrant.</p>		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>X</u> <u>70</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 in. to ft., and in. to ft.			
		WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input checked="" type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes No			
5 TYPE OF BLANK CASING USED:					
<input checked="" type="checkbox"/> 1 Steel 2 PVC Blank casing diameter <u>8" steel casing</u> in. to ft., Dia in. to ft. Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No.		3 RMP (SR) 4 ABS 5 Wrought iron <input checked="" type="checkbox"/> 6 Asbestos-Cement 7 Fiberglass		8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued Clamped Welded Threaded	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 2 Brass SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter		3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 Gauzed wrapped 8 Wire wrapped 9 Torch cut		10 Asbestos-cement 11 Other (specify) 12 None used (open hole) 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.					
6 GROUT MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other					
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.					
What is the nearest source of possible contamination: <input checked="" type="checkbox"/>					
1 Septic tank 2 Sewer lines 3 Watertight sewer lines		4 Lateral lines 5 Cess pool 6 Seepage pit		7 Pit privy 8 Sewage lagoon 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) <u>Field Run off</u>	
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		<u>from ground level up</u>	<u>X</u>		
		<u>8" Steel Cap</u>			
		<u>4 x 4 pad of Neat Cement</u>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, <input checked="" type="checkbox"/> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>X</u> <u>11-4-88</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) <u>11-4-88</u> under the business name of <u>B's Pump & Well</u> by (signature) <u>Rex Smith</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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.					