

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Thomas</b>		<b>SE</b> $\frac{1}{4}$ <b>NE</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$		<b>17</b>		<b>T 8 S</b>		<b>R 33</b> <b>EA</b>	
Distance and direction from nearest town or city street address of well if located within city?									
2 WATER WELL OWNER: <b>Rosen, Inc.</b>									
RR#, St. Address, Box # : <b>700 SW 291 Hiway Suite 204</b>									
City, State, ZIP Code : <b>Liberty, MO 64068</b>									
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 <b>220</b> ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL _____ 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 <b>8</b> in. to <b>235</b> 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 <b>X</b> If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes <b>X</b> No									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <b>X</b> Clamped									
② PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded									
7 Fiberglass Threaded									
Blank casing diameter <b>4.5</b> in. to <b>180</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <b>18</b> in., weight <b>2.384</b> lbs./ft. Wall thickness or gauge No. <b>.248</b>									
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)									
9 ABS 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 <b>180</b> ft. to <b>220</b> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>220</b> 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 <b>0</b> ft. to <b>20</b> 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 <b>none</b>									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
<b>0</b>	<b>2</b>		<b>Surface</b>	<b>165</b>	<b>174</b>	<b>Fine sand w/ clay &amp; caliche streaks</b>			
<b>2</b>	<b>15</b>		<b>Loess</b>	<b>174</b>	<b>193</b>	<b>Fine to med sand w/clay &amp; caliche streaks</b>			
<b>15</b>	<b>33</b>		<b>Clay</b>	<b>193</b>	<b>197</b>	<b>Clay</b>			
<b>33</b>	<b>42</b>		<b>Caliche w/ traces of sand</b>	<b>197</b>	<b>219</b>	<b>Fine to med sand w/clay lenses</b>			
<b>42</b>	<b>49</b>		<b>Fine to med sand w/ caliche lenses</b>	<b>219</b>	<b>235</b>	<b>Yellow ochre</b>			
<b>49</b>	<b>66</b>		<b>Fine to med sd w/clay &amp; caliche streaks</b>						
<b>66</b>	<b>70</b>		<b>Caliche</b>						
<b>70</b>	<b>84</b>		<b>Fine to med sand w/ small gravel &amp; clay</b>						
			<b>&amp; caliche streaks</b>						
<b>84</b>	<b>128</b>		<b>Caliche &amp; clay w/ sand streaks</b>						
<b>128</b>	<b>132</b>		<b>Fine to med sand w/ clay streaks</b>						
<b>132</b>	<b>141</b>		<b>Caliche &amp; clay w/ sand streaks</b>						
<b>141</b>	<b>154</b>		<b>Fine to med sand w/clay and caliche</b>						
<b>154</b>	<b>165</b>		<b>Clay &amp; caliche w/ sand streaks</b>						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>12-05-06</b> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>1-10-07</b>									
under the business name of <b>Woofert Pump &amp; Well, Inc.</b> by (signature) <i>Jay C. Woofert</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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