

<b>1 LOCATION OF WATER WELL:</b>		Fraction		Section Number		Township Number		Range Number																																																																																					
County: <b>Thomas</b>		<b>NE ¼ NE ¼ SE ¼</b>		<b>3</b>		<b>T 8 S</b>		<b>R 35 EW</b>																																																																																					
Distance and direction from nearest town or city street address of well if located within city?																																																																																													
<b>2 WATER WELL OWNER: Pat &amp; Jennifer Martin</b>																																																																																													
RR#, St. Address, Box #: <b>1842 Co Rd 11</b>																																																																																													
City, State, ZIP Code: <b>Levant, Ks 67743</b> Application Number:																																																																																													
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL 230 ft. ELEVATION:</b>																																																																																											
		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																																																																																													
<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted																																																																																													
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No																																																																																													
<b>5 TYPE OF BLANK CASING USED:</b>																																																																																													
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped																																																																																													
<input checked="" type="checkbox"/> 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>190</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																																																																													
Casing height above land surface <b>18</b> in., weight <b>2.37</b> lbs./ft. Wall thickness or gauge No. <b>248</b>																																																																																													
TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <b>190</b> ft. to <b>230</b> ft. From _____ ft. to _____ ft.																																																																																													
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GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>230</b> ft. From _____ ft. to _____ ft.																																																																																													
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<b>6 GROUT MATERIAL:</b> 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? _____																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td></td> <td>Surface</td> <td>109</td> <td>119</td> <td>Fine to some med sand w/clay &amp; Caliche strks</td> </tr> <tr> <td>2</td> <td>30</td> <td></td> <td>Loess</td> <td></td> <td></td> <td></td> </tr> <tr> <td>30</td> <td>43</td> <td></td> <td>Clay w/caliche strks</td> <td>119</td> <td>150</td> <td>Fine &amp; med sand &amp; small gravel w/ Clay &amp; caliche lenses</td> </tr> <tr> <td>43</td> <td>47</td> <td></td> <td>Clay &amp; caliche w/med sand strk</td> <td></td> <td></td> <td></td> </tr> <tr> <td>47</td> <td>50</td> <td></td> <td>Clay &amp; caliche strks</td> <td>150</td> <td>161</td> <td>Fine &amp; med sand w/clay &amp; caliche strk</td> </tr> <tr> <td>50</td> <td>55</td> <td></td> <td>Clay &amp; caliche w/sand strks</td> <td>161</td> <td>170</td> <td>Fine to some med sand w/clay &amp; Caliche lenses</td> </tr> <tr> <td>55</td> <td>69</td> <td></td> <td>Fine &amp; med sand w/clay &amp; Caliche lenses</td> <td>170</td> <td>184</td> <td>Fine &amp; med sand w/clay &amp; caliche strk</td> </tr> <tr> <td>69</td> <td>78</td> <td></td> <td>Clay &amp; caliche w/sand lenses</td> <td>184</td> <td>210</td> <td>Caliche &amp; clay w.sand strks</td> </tr> <tr> <td>78</td> <td>87</td> <td></td> <td>Fine &amp; med sand &amp; small gravel w/caliche lenses</td> <td>210</td> <td>224</td> <td>Fine &amp; med sand &amp; small w/clay &amp; caliche lenses</td> </tr> <tr> <td>87</td> <td>100</td> <td></td> <td>Fine to some med sand w.clay &amp; caliche strks</td> <td>224</td> <td>235</td> <td>Yellow ochre/black shale</td> </tr> <tr> <td>100</td> <td>109</td> <td></td> <td>Fine &amp; med sand w/caliche lens</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2		Surface	109	119	Fine to some med sand w/clay & Caliche strks	2	30		Loess				30	43		Clay w/caliche strks	119	150	Fine & med sand & small gravel w/ Clay & caliche lenses	43	47		Clay & caliche w/med sand strk				47	50		Clay & caliche strks	150	161	Fine & med sand w/clay & caliche strk	50	55		Clay & caliche w/sand strks	161	170	Fine to some med sand w/clay & Caliche lenses	55	69		Fine & med sand w/clay & Caliche lenses	170	184	Fine & med sand w/clay & caliche strk	69	78		Clay & caliche w/sand lenses	184	210	Caliche & clay w.sand strks	78	87		Fine & med sand & small gravel w/caliche lenses	210	224	Fine & med sand & small w/clay & caliche lenses	87	100		Fine to some med sand w.clay & caliche strks	224	235	Yellow ochre/black shale	100	109		Fine & med sand w/caliche lens			
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>7/24/08</b> and this record is true to the best of my knowledge and belief. Kansas																																																																																													
Water Well Contractor's License No. <b>783</b> This Water Well Record was completed on (mo/day/yr) <b>8/11/08</b>																																																																																													
under the business name of <b>Woofert Pump &amp; Well Inc.</b> 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.																																																																																													

OFFICE USE ONLY

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