

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Thomas</b>		<b>NW 1/4 SE 1/4 NE 1/4</b>	<b>18</b>	<b>T 8 S</b>	<b>R 36 E</b>
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: <b>Brewster Farmers Coop</b>					
RR#, St. Address, Box # : <b>428 Kansas Ave</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Brewster, KS 67732</b>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>140</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered <b>1</b> ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <b>125.27</b> 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>140</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 _____ No <b>X</b>			
5 TYPE OF BLANK CASING USED:					
1 Steel      3 RMP (SR) 2 <b>PVC</b> 4 ABS		5 Wrought iron      8 Concrete tile 6 Asbestos-Cement      9 Other (specify below)		CASING JOINTS: Glued _____ Clamped _____	
Blank casing diameter <b>4</b> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface <b>0</b> in., weight <b>2.07</b> lbs./ft. Wall thickness or gauge No. <b>.237</b>			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel      3 Stainless steel      5 Fiberglass 2 Brass      4 Galvanized steel      6 Concrete tile		7 <b>PVC</b> 10 Asbestos-cement 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 2 Louvered shutter      4 Key punched      6 Wire wrapped 7 Torch cut		8 <b>Saw cut</b> 11 None (open hole) 9 Drilled holes 10 Other (specify) _____		SCREEN-PERFORATED INTERVALS:	
From <b>110</b> ft. to <b>140</b> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From <b>108</b> ft. to <b>140</b> ft.		From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
6 GROUT MATERIAL:					
1 Neat cement      2 <b>Cement grout</b> 3 Bentonite      4 Other _____		Grout Intervals From <b>0</b> ft. to <b>106</b> ft. From <b>106</b> ft. to <b>108</b> ft. From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:					
1 Septic tank      4 Lateral lines      7 Pit privy 2 Sewer lines      5 Cess pool      8 Sewage lagoon 3 Watertight sewer lines      6 Seepage pit      9 Feedyard		10 Livestock pens      14 Abandoned water well 11 Fuel storage      15 Oil well/ Gas well 12 Fertilizer storage      16 <b>Other (specify below)</b> 13 Insecticide storage <b>Contaminated site</b>		Direction from well? _____ How many feet? _____	
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface		
2	6		Sandy Clay		
6	15		Clay		
15	48		Clay & Caliche		
48	58		Clay caliche & sand strks		
58	60		Fine Med sand w/some gravel & clay strks		
60	67		Fine Med sand w/gravel & clay strks		
67	75		Clay w/sand strks		
75	96		Clay caliche w/sand strks		
96	105		Fine & Med sand w/clay & Caliche strks		
105	140		Fine & Med sand w/clay 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/yr) <b>11/17/05</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>11/21/05</b> under the business name of <b>Woofert Pump &amp; Well Inc.</b> by (signature) <i>Wayne 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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