

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Thomas</b>		<b>SW 1/4 SE 1/4 NE 1/4</b>	<b>18</b>	T <b>8</b> S	R <b>36</b> E
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, Kansas 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 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <b>121.81</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) <b>10</b> 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)		5 Wrought Iron	
<b>2</b> PVC		4 ABS		8 Concrete tile	
				6 Asbestos-Cement	
				9 Other (specify below)	
				7 Fiberglass	
Blank casing diameter <b>4</b> in. to <b>110</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing joints: Glued _____ Clamped _____			
Casing height above land surface <b>0</b> in., weight <b>2.07</b> lbs./ft. Wall thickness or gauge No. <b>237</b>		Welded _____ Threaded <b>X</b>			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
<b>2</b> Brass		4 Galvanized steel		8 RMP (SR)	
				10 Asbestos-cement	
				11 Other (specify)	
				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	
				<b>8</b> Saw cut	
				9 Drilled holes	
				10 Other (specify)	
SCREEN-PERFORATED INTERVALS: From <b>110</b> ft. to <b>140</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>108</b> ft. to <b>110</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement <b>2</b> Cement grout <b>3</b> 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	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				<b>16</b> Other (specify below)	
				<b>Contaminated site</b>	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface		
2	10		Sandy clay		
10	15		Clay		
15	50		Clay & Caliche		
50	64		Fine & Med sand w/gravel & Clay strks		
64	75		Clay		
75	85		Clay caliche & sand strks		
85	114		Fine & Med sand w/clay & Caliche strks		
114	116		Cemented sand		
116	125		Fine & Med sand w/clay & Caliche strks		
125	140		Clay caliche w/sand strks		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>1</b> constructed, <b>2</b> reconstructed, or <b>3</b> plugged under my jurisdiction and was completed on (mo/day/yr) <b>11/16/05</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>Woofter Pump &amp; Well Inc.</b>			by (signature) <i>[Signature]</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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