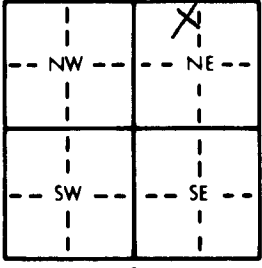


1 LOCATION OF WATER WELL: County: <u>Sherman</u>	Fraction <u>NE 1/4 NW 1/4 NE 1/4</u>	Section Number <u>8</u>	Township Number <u>T 8 S</u>	Range Number <u>R 39</u> <u>EW</u>
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: <u>Sherman County Landfill</u> RR#, St. Address, Box #: <u>Goodland, Ks. 67735</u> City, State, ZIP Code: _____	Board of Agriculture, Division of Water Resources Application Number: _____
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <u>262</u> ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>147</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 <u>8</u> in. to <u>262</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <u>X</u> No _____
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5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS	5 Wrought iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass	CASING JOINTS: Glued <u>X</u> Clamped _____ Welded _____ Threaded _____
Blank casing diameter <u>4.5</u> in. to <u>222</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>18</u> in., weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>248</u>	TYPE OF SCREEN OR PERFORATION MATERIAL: 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: 1 Continuous slot 3 Mill slot 2 Louvered shutter 4 Key punched	5 Gauzed wrapped 8 Saw cut 11 None (open hole) 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>222</u> ft. to <u>262</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.	GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>262</u> 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 <u>0</u> ft. to <u>20</u> 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) <u>Landfill</u> 13 Insecticide storage	How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface	125	132	Med. Sand & Gravel
2	20	Loess	132	139	Sandy Clay & Caliche
20	30	Clay & Caliche	139	151	Fine to Med. Sand w/Clay,
30	35	Caliche			Caliche & Cemented Sand
35	46	Med. Sand & Gravel	151	165	Cemented Sand & Clay
46	70	Clay & Caliche	165	179	Sandy Clay & Clay w/s.sand
70	74	Clay & Caliche w/Some Sand	179	196	Med. Sand w/Clay
74	82	Clay & Caliche	196	199	Cemented Sand w/Clay&Sand St.
82	87	Cemented Sand & Clay & Caliche	199	201	Sandy Clay w/a little Sand
87	100	Clay, Caliche w/Some Sand	201	209	Fine to Med. Sand w/ClaySt.
100	107	Med. Sand & Gravel w/Clay St.	209	222	Fine to Med. Sand w/Clay
107	108	Caliche	222	239.5	Med. Sand w/Clay
108	112	Med. Sand & Gravel w/Clay St.	239.5	242	Cemented Sand
112	118	Cemented Sand, Caliche, Clay	242	245	Med. Sand & Gravel
118	125	Clay & Some Sand	245	262	Cemented Sand w/S.Sand

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/year) <u>9-26-95</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>9-27-95</u> under the business name of <u>Woofert Pump & Well, Inc.</u> by (signature) <u>[Signature]</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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