

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sherman</u>		<u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>20</u>	<u>T</u> <u>8</u> <u>S</u>	<u>R</u> <u>39</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>17th &amp; Cherry</u>					
2 WATER WELL OWNER:		Goodland Power Plant			
RR#, St. Address, Box # :		<u>17th &amp; Cherry</u>			
City, State, ZIP Code :		<u>Goodland, Ks. 67735</u>			
		Board of Agriculture, Division of Water Resources MW #12 Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>204</u> ft. ELEVATION: .....			
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <u>188</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>204</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 <u>Monitoring well</u>			
		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 ..... No <u>X</u>			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued ..... Clamped .....			
1 Steel		3 Wrought iron			
2 <u>PVC</u>		6 Asbestos-Cement			
3 RMP (SR)		9 Other (specify below)			
4 ABS		Casing joints: Welded .....			
5 Fiberglass		Threaded <u>X</u> .....			
Blank casing diameter <u>4</u> in. to <u>174</u> ft., Dia. .... in. to ..... ft., Dia. .... in. to ..... ft.					
Casing height above land surface <u>0</u> in., weight <u>2.071</u> lbs./ft. Wall thickness or gauge No. <u>237</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 <u>PVC</u>			
1 Steel		10 Asbestos-cement			
2 Brass		8 RMP (SR)			
3 Stainless steel		11 Other (specify) .....			
4 Galvanized steel		12 None used (open hole)			
5 Fiberglass		8 Saw cut			
6 Concrete tile		11 None (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		9 Drilled holes			
1 Continuous slot		10 Other (specify) .....			
2 Louvered shutter					
3 Mill slot					
4 Key punched					
5 Gauzed wrapped					
6 Wire wrapped					
7 Torch cut					
SCREEN-PERFORATED INTERVALS: From <u>174</u> ft. to <u>204</u> ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From <u>170</u> ft. to <u>204</u> ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL:		4 Other .....			
1 Neat cement		3 Bentonite			
2 Cement grout					
Grout Intervals: From <u>0</u> ft. to <u>165</u> ft., From <u>165</u> ft. to <u>170</u> ft., From ..... ft. to ..... ft.					
What is the nearest source of possible contamination:		10 Livestock pens			
1 Septic tank		14 Abandoned water well			
2 Sewer lines		11 Fuel storage			
3 Watertight sewer lines		12 Fertilizer storage			
4 Lateral lines		13 Insecticide storage			
5 Cess pool		15 Oil well/Gas well			
6 Seepage pit		16 Other (specify below)			
7 Pit privy		Removed Fuel Storage			
8 Sewage lagoon					
9 Feedyard					
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.4	Asphalt	143	144	Cemented Sand
.4	15	Loess	144	155	Sandy Clay
15	35	Sandy Clay	155	159	Cemented Sand, Clay & Caliche
35	49	Sandy Clay w/a Few Caliche St	159	161	Cemented Sand-Hard
49	53	Caliche w/Clay	161	167	Med. Sand & Gravel
53	59	Caliche w/Clay & a Few SandSt	167	180	Sandy Clay w/Cem. Sand Strks.
59	72	Med. Sand & Gravel	180	195	Tight Med. Sand w/Clay
72	77	Cemented Sand w/Clay & S.Sand	195	204	Med. Sand
77	92	Med. Sand & Gravel w/Cly St.			
92	93	Sandy Clay			
93	100	Fine Sand w/Clay Strks.			
100	116.5	Sandy Clay			
116.5	118	Cemented Sand			
118	122	Sandy Clay			
122	143	Med. Sand & Gravel			
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>9-11-96</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>9-18-96</u> under the business name of <u>Woofert Pump &amp; 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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