

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Sherman</u>		<u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$		<u>19</u>		<u>T</u> <u>8</u> <u>S</u>		<u>R</u> <u>39</u> <u>E</u> <u>10</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>902 Main, Goodland, KS</u>									
2 WATER WELL OWNER: <u>Dave's Auto Repair</u>									
RR#, St. Address, Box #: <u>902 Main</u>									
City, State, ZIP Code: <u>Goodland, KS 67735</u>									
Board of Agriculture, Division of Water Resources									
MW #7 Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL: <u>205</u> ft. ELEVATION:					
				Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft.					
				WELL'S STATIC WATER LEVEL <u>189.63</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>205</u> ft. and _____ in. to _____ ft.					
WELL WATER TO BE USED AS:									
1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 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 _____ No <u>X</u>									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded <u>X</u>									
Blank casing diameter <u>4</u> in. to <u>175</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:									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From <u>175</u> ft. to <u>205</u> ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>170</u> ft. to <u>205</u> 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>166</u> ft., From <u>166</u> ft. to <u>170</u> 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 Contaminated Site									
Direction from well? _____ How many feet? _____									
LITHOLOGIC LOG									
FROM	TO					FROM	TO	PLUGGING INTERVALS	
0	2	Surface				155	163	Med. Sand & Gravel w/Clay Lenses	
2	20	Loess				163	165	Cemented Sand	
20	45	Clay & Caliche				165	169	Med. Sand & Gravel	
45	56	Cemented Sand w/Clay & Caliche				169	170	Cemented Sand	
56	75	Med. Sand & Gravel w/Rocky Clay Lns				170	172	Sandy Clay	
75	82	Cemented Sand				172	180	Sandy Clay w/Fine to Med. Sand Str	
82	91	Cemented Sand w/Clay & Sand Strks.				180	205	Med. Sand & Gravel w/Some Clay	
91	94	Med. Sand							
94	98	Cem. Sand w/Clay & Caliche & S. Sand							
98	107	Med. Sand & Gravel w/Rocks & Clay Lys							
107	109	Cemented Sand							
109	112	Cem. Sand w/Clay & Sand							
112	123	Med. Sand & Gravel w/Rocks							
123	128	Sandy Clay w/Caliche							
128	155	Med. Sand & Gravel w/Cem. & Caliche 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/year) <u>9-17-97</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>9-24-97</u>									
under the business name of <u>Woofert Pump & Well, Inc.</u> by (signature) <u>Ray C. Woofert</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.									

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