

|   |     |   |      |   |                                    |                                       |
|---|-----|---|------|---|------------------------------------|---------------------------------------|
| 1 LOCATION OF WATER WELL:   |     | Fraction <u>NW</u> <u>NE</u> <u>NE</u>  |      | Section Number <u>19</u>                          | Township Number <u>8</u> S         | Range Number <u>39</u> E              |
| County: <u>Sherman</u>  |     |   |      |   |                                    |                                       |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>902 Main, Goodland, KS</u>  |     |   |      |   |                                    |                                       |
| 2 WATER WELL OWNER: <u>Dave's Auto Repair</u>   |     |   |      |   |                                    |                                       |
| RR#, St. Address, Box # : <u>902 Main</u>   |     |   |      | Board of Agriculture, Division of Water Resources |                                    |                                       |
| City, State, ZIP Code : <u>Goodland, KS 67735</u>   |     |   |      | MW#1 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 1. .... ft. 2. .... ft. 3. .... ft.                          |      |   |                                    |                                       |
|   |     | WELL'S STATIC WATER LEVEL... <u>181.32</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: 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.....No <u>X</u>  |     |   |      |   |                                    |                                       |
| 5 TYPE OF BLANK CASING USED:  |     |   |      |   |                                    |                                       |
| 1 Steel   |     | 3 RMP (SR)  |      | 5 Wrought iron                                    |                                    | 8 Concrete tile                       |
| 2 PVC   |     | 4 ABS   |      | 6 Asbestos-Cement                                 |                                    | 9 Other (specify below)               |
| Blank casing diameter... <u>4</u> in. to <u>175</u> ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.   |     |   |      | 7 Fiberglass                                      |                                    | CASING JOINTS: Glued.....Clamped..... |
| Casing height above land surface... <u>0</u> in., weight <u>2.071</u> lbs./ft. Wall thickness or gauge No. <u>.237</u>  |     |   |      |   |                                    | Welded.....Threaded.....              |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |     |   |      |   |                                    |                                       |
| 1 Steel   |     | 3 Stainless steel   |      | 5 Fiberglass                                      |                                    | 7 PVC                                 |
| 2 Brass   |     | 4 Galvanized steel  |      | 6 Concrete tile                                   |                                    | 8 RMP (SR)                            |
|   |     |   |      |   |                                    | 9 ABS                                 |
|   |     |   |      |   |                                    | 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                                  |                                    | 8 Saw cut                             |
| 2 Louvered shutter  |     | 4 Key punched   |      | 6 Wire wrapped                                    |                                    | 9 Drilled holes                       |
|   |     |   |      | 7 Torch cut                                       |                                    | 10 Other (specify) .....              |
|   |     |   |      |   |                                    | 11 None (open hole)                   |
| 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                     |
| 2 Sewer lines   |     | 5 Cess pool   |      | 8 Sewage lagoon                                   |                                    | 11 Fuel storage                       |
| 3 Watertight sewer lines  |     | 6 Seepage pit   |      | 9 Feedyard  |                                    | 12 Fertilizer storage                 |
|   |     |   |      |   |                                    | 13 Insecticide storage                |
|   |     |   |      |   |                                    | 14 Abandoned water well               |
|   |     |   |      |   |                                    | 15 Oil well/Gas well                  |
|   |     |   |      |   |                                    | 16 Other (specify below)              |
|   |     |   |      |   |                                    | Contaminated Site                     |
| Direction from well? How many feet?   |     |   |      |   |                                    |                                       |
| FROM  | TO  | LITHOLOGIC LOG  | FROM | TO  | PLUGGING INTERVALS                 |                                       |
| 0   | .5  | Cement  | 124  | 137   | Fine to Med. Sand w/Clay           |                                       |
| .5  | 16  | Loess   | 137  | 142   | Med. Sand & Gravel w/Rocks&Clay    |                                       |
| 16  | 42  | Clay w/Some Caliche   | 142  | 155   | Cem. Sand w/clay & S.Sand Strks.   |                                       |
| 42  | 44  | Chirt   | 155  | 193   | Med. Sand w/Clay Lyrs              |                                       |
| 44  | 54  | Sandy Clay & Caliche w/Chirt Strks  | 193  | 194   | Cemented Sand                      |                                       |
| 54  | 60  | Med. Sand & Gravel w/Clay Layrs.  | 194  | 205   | Med. Sand w/Cemented & Clay Strks. |                                       |
| 60  | 76  | Med. Sand & Gravel w/rocks & Clay Lnses.  |      |   |                                    |                                       |
| 76  | 78  | Cemented Sand   |      |   |                                    |                                       |
| 78  | 86  | Cemented Sand w/Caliche, Clay & Some Sand   |      |   |                                    |                                       |
| 86  | 94  | Sandy Clay w/Come Caliche   |      |   |                                    |                                       |
| 94  | 95  | Hard Cemented Sand  |      |   |                                    |                                       |
| 95  | 99  | Cemented Sand w/Clay & S.Sand Strks   |      |   |                                    |                                       |
| 99  | 114 | Med. Sand & Gravel w/Clay Strks.  |      |   |                                    |                                       |
| 114   | 118 | Sandy Clay w/Some Sand  |      |   |                                    |                                       |
| 118   | 124 | Med. Sand & Gravel 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/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>Woofter Pump &amp; Well, Inc.</u> by (signature) <u>Jay G. Woofter</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

T

R

EW

SEC.

1/4

1/4

1/4