F.C. ====			WATER	R WELL RECORD F	orm WWC-5		2a-1212		
<del></del>		TER WELL:	Fraction 1/4	NC W	Sec	tion Numbe	r Townsh	ip Number	Range Number
County:	Sher		NW 1/4	NE 1/4 NE	1/4	(4	T	<b>g</b> s	R 39 EW
Distance and direction from nearest town or city street address of well if located within city?									
901 Main, Goodland, Ks.									
2 WATER WELL OWNER: Jerry's Alinement RR#, St. Address, Box # :901 Main Board of Agriculture, Division of Water Resources									
						MIT.T IL	1 7	_	Division of Water Resour
City, State, ZIP Code Goodland, KS 67735 MW #11 Application Number:									
3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL. 210 ft. ELEVATION:									
N Depth(s) Groundwater Encountered 1									
<b> </b>	1	X     w	ELL'S STATIC	WATER LEVEL . 12/1.	.24 ft. be	elow land s	urface measure	d on mo/day/yr	
-	NW	NE	Pump	test data: Well water	was	ft.	after	hours pu	ımping gp
[1 ]	1	Es	t. Yield	gpm: Well water	was	ft.	after	hours pu	ımping gp
ış w ⊢	<u> </u>								to
-	i				Public wate		8 Air conditio	•	Injection well
-	SW	SE	1 Domestic				_		Other (Specify below)
	!		2 Irrigation						
<u> </u>	<u>'</u>			acteriological sample su	ibmitted to De				, mo/day/yr sample was s
5 TYPE (	DE BLANK	CASING USED:	tted	5 Wrought iron	0.0				No X
1 St		3 RMP (SR)		6 Asbestos-Cement					d Clamped
1		, ,				specify belo	,		ed
Blank casi	na diameter	4 4 ABS	, 180	# Dia	in to			inrea	aded. 11
2 PVC 4 ABS 180 7 Fiberglass Threaded. X.  Blank casing diameter in. to in. to 5t.  Casing height above land surface in., weight 2.071 lbs./ft. Wall thickness or gauge No237									
TYPE OF	SCREEN C	R PERFORATION M	MATERIAL	mil, wolght	7 PV	· · · · · · · · · · · · · · · · · · ·		Asbestos-ceme	
1 Ste		3 Stainless ste		5 Fiberglass		P (SR)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 Bra	ass	4 Galvanized		6 Concrete tile	9 ABS			None used (op	
SCREEN (	OR PERFO	RATION OPENINGS	ARE:		wrapped	-	8 Saw cut	, ,	11 None (open hole)
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes									
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (enceits)									
SCREEN-PERFORATED INTERVALS: From 180 ft. to 210 ft., From ft. to ft.									
From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 175 ft. to 210 ft., From ft. to ft.									
(	GRAVEL PA	CK INTERVALS:	From	1/5 ft. to	210	ft., Fr	om	ft. t	o
ļ.,									
6 GROUT	MATERIA	L: 1 Neat cem	ent 2	Cement grout	3 Bentor	nite 4	Other		
Grout Inter	rvals: Fro	mY ft.	to <b></b>	ft., From (	. <b>/./</b> ft. t	o 175 .	ft., Fror	m	ft. to
i .		ource of possible con					stock pens	14 A	bandoned water well
1	ptic tank	4 Lateral li		7 Pit privy			storage		il well/Gas well
2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage 1				8 Sewage lagoo	ū			ther (specify below)	
} _	•	ver lines 6 Seepage	pit	9 Feedyard		13 Insecticide storage Contaminated Site			
Direction f	TO TO	T	LITHOLOGIC L	OG	FROM	How m	any feet?	PLUGGING II	MTEDVALO
0		Asphalt	ETTTOLOGIO E	00	131		Med. San		l w/Clay Strks.
.5	2	Surface		-	136				ed. Sand & Clay
2	_	Loess		100	139.5				Sand Strks.
20	40	Clay & Cali	che		152	172			l w/a Few Fine
40	52				1			y Lenses	-
1	1	Med. Sand &	Gravel w	/Rocks & Clay	Lns.			1	78 P 7 8 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
5 <u>2</u> 72	72 78	Sandy Clay	w/Some Ca	liche	172	180	Semi-Tig	ht Med. S	and w/Clay
78	80	Med. Sand &	Gravel		180	188	Med. San	d & Clay	
80	91	Med. Sand &	Gravel w	/Clay Layers	188	194	Cemented		
91	92	Cemented Sa	nd		194	200	Med. San	d & Grave	el w/Clay
92	94	Cemented Sa	nd w/Clay	& Sand Strks.					
94	95	Clay							
95	119.5	Med. Sand &	Gravel w	/Clay Lenses					
119.5	123	Cemented Sa	nd & Cali	che w/Clay					
123 131 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)									
Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 9-24-97  under the business name of Woofter Pump & Well, Inc. by (signature)									
					<del></del>	by (sign		Zu lo.	Waster
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 opies of Ransas 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.									