

1 LOCATION OF WATER WELL: County: <u>Sherman</u>		Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>		Section Number <u>19</u>	Township Number <u>T 8 S</u>	Range Number <u>R 39 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>North side of Grulick Park</u>						
2 WATER WELL OWNER: <u>Dave's Auto</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>				Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>210</u> ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1. <u>187.69</u> ft. 2. _____ ft. 3. _____ ft.				
		WELL'S STATIC WATER LEVEL <u>187.69</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>210</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 CASING JOINTS: Glued _____ Clamped _____						
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____						
7 Fiberglass Threaded _____						
Blank casing diameter <u>4</u> in. to <u>180</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>180</u> ft. to <u>210</u> ft., From _____ ft. to _____ ft.						
From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>175</u> ft. to <u>210</u> ft., From _____ ft. to _____ ft.						
From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 3 2 Cement grout 3 3 Bentonite 4 Other						
Grout Intervals: From <u>0</u> ft. to <u>3</u> ft., From <u>3</u> ft. to <u>175</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? _____						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	2	Surface	189	192	Med. Sand	
2	20	Loess	192	210	Med. Sand w/Cemented Strks.&Clay	
20	56	Clay & Caliche				
56	65	Med. Sand w/Clay				
65	80	Sandy Clay w/Cem. Sand Strks.				
80	84	Cemented Sand w/Clay				
84	116	Med. Sand & Gravel w/Clay Lyrs.				
116	125	Med. Sand & Clay				
125	132	Sandy Clay w/Some Sand				
132	136	Med. Sand & Gravel w/Cem. Strks.				
136	140	Cem. Sand w/Clay				
140	168	Fine to Med. Sand w/Clay				
168	174	Cemented Sand w/Clay				
174	183	Med. Sand w/Clay				
183	189	Cemented Sand w/Clay				
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>11-13-97</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>11-17-97</u>						
under the business name of <u>Woofter 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.						