

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Sherman		NW ¼ Ne ¼ Se ¼		19		T 8 S		R 39	
Distance and direction from nearest town or city street address of well if located within city?									
2 WATER WELL OWNER: Model Steam Laundry									
RR#, St. Address, Box #: 15th & Broadway									
City, State, ZIP Code: Goodland, Ks 67735									
Board of Agriculture, Division of Water Resources Application Number: MW-27									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 210 ft. ELEVATION: 3688.67							
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL na 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 8 in. to 220 ft. and _____ in. to _____ ft.							
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well									
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <input checked="" type="checkbox"/> Monitoring well									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
2 <input checked="" type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass _____ Threaded <input checked="" type="checkbox"/>									
Blank casing diameter 4 in. to 180 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface 0 in., weight 2.071 lbs./ft. Wall thickness or gauge No. .237									
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 <input checked="" type="checkbox"/> 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 180 ft. to 210 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 178 ft. to 210 ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 <input checked="" type="checkbox"/> Cement grout 3 Bentonite 4 Other _____									
Grout Intervals From 0 ft. to 176 ft. From 176 ft. to 178 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)									
Contaminated site									
Direction from nearest town? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	2		Surface	162	174	Fine to some med sand w/clay strks			
2	27		Loess	174	183	Fine to med sand w/lots of clay			
27	39		Clay			& caliche lens			
39	55		Clay w/caliche strk	183	194	Fine to some med sand w/clay			
55	65		Fine to med sand & some gravel			& caliche lens			
			W/clay strks	194	212	Fine to med sand			
65	80		Clay & caliche w/a few sand strk	212	220	Fine to med sand w/lots of clay			
80	88		Fine to med sd w/caliche lens			& caliche			
88	105		Clay & caliche w/a few sand strk						
105	127		Fine to med sand & some gravel						
			W/clay lens						
127	135		Fine to med sand w/lots of clay						
135	141		Fine to med sand w/clay strks						
141	162		Clay & caliche w/sand 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/yr) 10-08-03 and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 12-17-03									
under the business name of Woofert Pump and Well Inc. by (signature) <i>[Signature]</i>									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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

SEC