

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sherman	Sw $\frac{1}{4}$ Se $\frac{1}{4}$ nw $\frac{1}{4}$	19	T 8 S	R 39 EW

Distance and direction from nearest town or city street address of well if located within city?

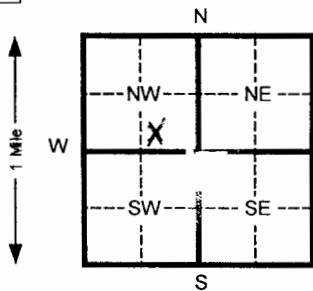
2 WATER WELL OWNER: **Model Steam Laundry**RR#, St. Address, Box #: **15th & Broadway**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code: **Goodland, Ks 67735****MW-29**

Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL

210

ft. ELEVATION:

2684.79

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) ☒ Monitoring wellWas a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr sample was submittedWater Well Disinfected? Yes _____ No ☒

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 **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

☒ 7 PVC

10 Asbestos-cement

2 Brass

4 Galvanized steel

6 Concrete tile

8 RMP (SR)

11 Other (specify) _____

9 ABS

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 **180** ft. to **210** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **178** ft. to **210** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL:

1 Neat cement

☒ 2 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)

13 Insecticide storage

Contaminated site

Direction from well?

How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			Clay lens
2	31		Loess	204		Fine to some med sand w/
31	40		Clay			Cemented sand
40	57		Cemented sand			
57	86		Fine to med sand & some gravel			
86	101		Clay & fine sand			
101	144		Fine to med sand & gravel			
144	152		Caliche w/a few sand strk & clay			
152	163		Clay & caliche w/a few sand			
			Strks			
163	177		Fine to some med sand w/clay			
			Lens			
177	183		Clay w/fine sand strks			
183	204		Fine to some med sand w/			

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) **10-07-03** and this record is true to the best of my knowledge and belief. KansasWater 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)

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

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