

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Sherman</b>		<b>NW ¼ SW ¼ NW ¼</b>		<b>20</b>		<b>T 8 S</b>		<b>R 39</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EAV</span>	
Distance and direction from nearest town or city street address of well if located within city?									
2 WATER WELL OWNER: <b>Model Steam Laundry</b>									
RR#, St. Address, Box # : <b>15<sup>th</sup> &amp; Broadway</b>									
City, State, ZIP Code : <b>Goodland, Ks 67735</b> <span style="float: right;">Board of Agriculture, Division of Water Resources</span>									
<b>MW-28</b> <span style="float: right;">Application Number:</span>									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>210</b> ft. ELEVATION: <b>3686.56</b>							
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL <b>na</b> 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 <b>8</b> in. to <b>220</b> 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 _____									
<input checked="" type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass _____ Threaded <input checked="" type="checkbox"/>									
Blank casing diameter <b>4</b> in. to <b>180</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface <b>0</b> in., weight <b>2.071</b> lbs./ft. Wall thickness or gauge No. <b>.237</b>									
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 <input checked="" type="checkbox"/> 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 <b>180</b> ft. to <b>210</b> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>178</b> ft. to <b>210</b> ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout 3 Bentonite 4 Other _____									
Grout Intervals From <b>0</b> ft. to <b>176</b> ft. From <b>176</b> ft. to <b>178</b> 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)									
<b>Contaminated site</b>									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
<b>0</b>	<b>2</b>		<b>Surface</b>			<b>Lens</b>			
<b>2</b>	<b>31</b>		<b>Loess</b>	<b>127</b>	<b>150</b>	<b>Fine to med sand w/clay &amp; caliche str</b>			
<b>31</b>	<b>37</b>		<b>Clay</b>	<b>150</b>	<b>185</b>	<b>Clay &amp; caliche w/a few sand strks</b>			
<b>37</b>	<b>43</b>		<b>Clay &amp; caliche</b>	<b>185</b>	<b>204</b>	<b>Fine to some med sand w/clay strks</b>			
<b>43</b>	<b>46</b>		<b>Chert</b>	<b>204</b>	<b>220</b>	<b>Clay &amp; caliche w/a few sand strks</b>			
<b>46</b>	<b>61</b>		<b>Clay &amp; caliche w/a few sand strk</b>						
<b>61</b>	<b>73</b>		<b>Fine to med sand w/clay &amp; Caliche lens</b>						
<b>73</b>	<b>83</b>		<b>Clay &amp; caliche</b>						
<b>83</b>	<b>89</b>		<b>Fine to some med sand w/clay &amp; caliche</b>						
<b>89</b>	<b>93</b>		<b>Cemented sand</b>						
<b>93</b>	<b>102</b>		<b>Clay &amp; caliche w/a few sd strks</b>						
<b>102</b>	<b>127</b>		<b>Fine to med sd &amp; gravel w/clay</b>						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was									
completed on (mo/day/yr) <b>10-08-03</b> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>12-17-03</b>									
under the business name of <b>Woofert Pump and Well Inc.</b> 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.									

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