

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Sherman</b>		<b>SE ¼ SE ¼ SE ¼</b>		<b>18</b>		<b>T 8 S</b>		<b>R 39</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span>	
Distance and direction from nearest town or city street address of well if located within city? <b>320 E. 8<sup>th</sup>, Goodland, KS</b>									
2 WATER WELL OWNER: <b>Mike Olderbak (Kabrdlo')</b>									
RR#, St. Address, Box # : <b>320 E. 8th</b>									
City, State, ZIP Code : <b>Goodland, KS 67735</b>									
Board of Agriculture, Division of Water Resources Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>210'</b> ft. ELEVATION:							
		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 _____ 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) <b>(10) Monitoring well</b>									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes _____ No <b>X</b>									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
<b>(2) PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass _____ Threaded <b>X</b>									
Blank casing diameter <b>4</b> in. to _____ 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 <b>(8) Saw cut</b> 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.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>178</b> ft. to <b>210</b> 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 <b>0</b> ft. to <b>178</b> ft. From _____ ft. to _____ 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 <b>(16) Other (specify below)</b>									
<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>116</b>	<b>135</b>	<b>Fine &amp; Med Sand w/Clay &amp; Caliche Str</b>			
<b>2</b>	<b>9</b>		<b>Loess</b>	<b>135</b>	<b>145</b>	<b>Clay &amp; Caliche w/Sand Strks.</b>			
<b>9</b>	<b>18</b>		<b>Clay</b>	<b>145</b>	<b>150</b>	<b>Fine &amp; Med. Sand w/grav &amp; Clay Strk</b>			
<b>18</b>	<b>33</b>		<b>Clay w/Sand Strks.</b>	<b>150</b>	<b>155</b>	<b>Fine &amp; Med. Sand w/clay&amp;Caliche Str</b>			
<b>33</b>	<b>45</b>		<b>Clay w/Some Caliche Strks.</b>	<b>155</b>	<b>190</b>	<b>Clay &amp; Caliche w/Sand Strks.</b>			
<b>45</b>	<b>54</b>		<b>Clay w/Caliche Strks.</b>	<b>190</b>	<b>210</b>	<b>Fine &amp; Med. Sand w/Clay Strks</b>			
<b>54</b>	<b>65</b>		<b>Fine &amp; Med Sand w/Clay Strks.</b>						
<b>65</b>	<b>70</b>		<b>Cemented Sand w/Caliche Strks</b>						
<b>70</b>	<b>79</b>		<b>Fine &amp; Med sand w/clay&amp;caliche</b>						
<b>79</b>	<b>83</b>		<b>Clay &amp; Caliche</b>						
<b>83</b>	<b>90</b>		<b>Fine &amp; Med Sand w/Clay Strks</b>						
<b>90</b>	<b>116</b>		<b>Fine &amp; Med Sand, some gravel</b>						
			<b>W/clay lenses</b>						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>3/27/06</b>									
and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/yr) <b>4/10/06</b>									
Water Well Contractor's License No. <b>554</b>									
under the business name of <b>Woofert Pump &amp; 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, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									

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