

|   |                                   |   |   |  |            |  |
|---|-----------------------------------|---|---|--|------------|--|
| 1 LOCATION OF WATER WELL:<br>County: <b>Sherman</b>   | Fraction<br><b>SW ¼ SW ¼ SW ¼</b> | Section Number<br><b>19</b>   | Township Number<br>T <b>8</b> S   | Range Number<br>R <b>39</b> <b>(EW)</b>  |            |  |
| Distance and direction from nearest town or city street address of well if located within city?   |                                   |   |   |  |            |  |
| 2 WATER WELL OWNER: <b>Short &amp; Sons Inc</b><br>RR#, St. Address, Box # : <b>Box 695</b><br>City, State, ZIP Code : <b>Goodland, KS 67735</b> Application Number:  |                                   |   |   |  |            |  |
| 3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:   |                                   | 4 DEPTH OF COMPLETED WELL <b>215</b> ft. ELEVATION:   |   |  |            |  |
|   |                                   | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.  |   |  |            |  |
|   |                                   | WELL'S STATIC WATER LEVEL _____ 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>215</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) <b>10</b> Monitoring well  |   |  |            |  |
|   |                                   | 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</b> PVC 4 ABS  |                                   | 6 Asbestos-Cement 9 Other (specify below)   |   | Welded _____                             |            |  |
| 7 Fiberglass  |                                   |   |   | Threaded <b>X</b>                        |            |  |
| Blank casing diameter _____ in. to <b>185</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 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>185</b> ft. to <b>215</b> ft. From _____ ft. to _____ ft.  |                                   |   |   |  |            |  |
| GRAVEL PACK INTERVALS: From <b>183</b> ft. to <b>215</b> ft. From _____ ft. to _____ ft.  |                                   |   |   |  |            |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other _____   |                                   |   |   |  |            |  |
| Grout Intervals From <b>0</b> ft. to <b>183</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  |   | 16 Other (specify below)                 |            |  |
|   |                                   | 13 Insecticide storage  |   | <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>133</b>                               | <b>135</b> | <b>Caliche</b>   |
| <b>2</b>  | <b>27</b>                         |   | <b>Silt w/ trace of Sand &amp; Clay</b>                                 | <b>135</b>                               | <b>142</b> | <b>Fine to Med Sand w/ Clay &amp; Caliche</b>                    |
| <b>27</b>   | <b>40</b>                         |   | <b>Clay w/ Caliche Lens</b>   | <b>142</b>                               | <b>168</b> | <b>Fine to Med Sand, small Gravel w/ Clay &amp; Caliche Lens</b> |
| <b>40</b>   | <b>51</b>                         |   | <b>Caliche w/ Clay Strks</b>  |  |            |  |
| <b>51</b>   | <b>60</b>                         |   | <b>Fine to Med Sand w/ Caliche And Clay Strks</b>                       | <b>168</b>                               | <b>183</b> | <b>Fine to Med Sna w/ Clay &amp; Caliche stk</b>                 |
|   |                                   |   |   | <b>183</b>                               | <b>194</b> | <b>Caliche &amp; Clay w/ Sand Strks</b>                          |
| <b>60</b>   | <b>83</b>                         |   | <b>Caliche &amp; Clay w/ Sand Lens</b>                                  | <b>194</b>                               | <b>200</b> | <b>Fine to Med Snd w/ Clay &amp; Caliche Sk</b>                  |
| <b>83</b>   | <b>95</b>                         |   | <b>Fine Sand &amp; Sandy Clay w/ Caliche Strks</b>                      | <b>200</b>                               | <b>220</b> | <b>Fine to Med Sand w/ Caliche Lens</b>                          |
| <b>95</b>   | <b>114</b>                        |   | <b>Fine to Med Sand &amp; Small Gravel w/ Trce of Caliche &amp; Cly</b> |  |            |  |
| <b>114</b>  | <b>122</b>                        |   | <b>Fine to Md Snd w/ Clay &amp; Calch</b>                               |  |            |  |
| <b>122</b>  | <b>133</b>                        |   | <b>Fine to Med Sand, Small Gravel w/ Clay &amp; caliche Lens</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>06-03-08</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>06-06-08</b> under the business name of <b>Woofter 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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