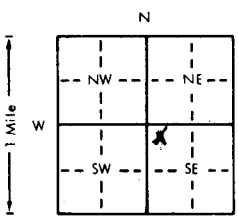


| | | | | | |
|---|--|--|----------------|-----------------|-----------------|
| 1 LOCATION OF WATER WELL | | Fraction | Section Number | Township Number | Range Number |
| County: Sherman | | N/W 1/4 N/W 1/4 S/E 1/4 | 14 | T 8 S | R 39 E/W |
| Distance and direction from nearest town or city? Four Mi East And 1/2 Mi North Of Goodland Kansas | | Street address of well if located within city? | | | |
| 2 WATER WELL OWNER: | | | | | |
| RR#, St. Address, Box #: 101 Broadway | | | | | |
| City, State, ZIP Code: Goodland, Kansas 67735 | | | | | |
| Board of Agriculture, Division of Water Resources | | | | | |
| Application Number: | | | | | |
| 3 DEPTH OF COMPLETED WELL: 181 ft. Bore Hole Diameter: 9 1/2 in. to 181 ft., and in. to ft. | | | | | |
| Well Water to be used as: | | | | | |
| 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well | | | | | |
| 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | |
| Well's static water level: 150 ft. below land surface measured on 12 month 8 day 80 year | | | | | |
| Pump Test Data: Well water was ft. after hours pumping. gpm | | | | | |
| Est. Yield gpm: Well water was ft. after hours pumping. gpm | | | | | |
| 4 TYPE OF BLANK CASING USED: | | | | | |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued <input checked="" type="checkbox"/> Clamped | | | | | |
| 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded | | | | | |
| 7 Fiberglass Threaded. | | | | | |
| Blank casing dia: 2 in. to 181 ft., Dia in. to ft., Dia in. to ft. | | | | | |
| Casing height above land surface: 12 in., weight 1 lbs./ft. Wall thickness or gauge No 250 | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) | | | | | |
| 2 Brass 4 Galvanized steel 6 Concrete tile 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 7 Torch cut 9 Other holes 10 Other (specify) | | | | | |
| Screen-Perforation Dia: 2 in. to 135 ft., Dia 2 in. to 181 ft., Dia in. to ft. | | | | | |
| Screen-Perforated Intervals: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | |
| Gravel Pack Intervals: From Top Ground ft. to 181 ft., From ft. to ft., From ft. to ft. | | | | | |
| 5 GROUT MATERIAL: | | | | | |
| 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | |
| Grouted Intervals: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | |
| What is the nearest source of possible contamination: | | | | | |
| 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well | | | | | |
| 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well | | | | | |
| 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) | | | | | |
| Direction from well How many feet ? Water Well Disinfected? Yes No <input checked="" type="checkbox"/> | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, date sample | | | | | |
| was submitted month day year: Pump Installed? Yes No <input checked="" type="checkbox"/> | | | | | |
| If Yes: Pump Manufacturer's name Model No. HP Volts | | | | | |
| Depth of Pump Intake ft. Pumps Capacity rated at gal./min. | | | | | |
| Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other | | | | | |
| 6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was | | | | | |
| completed on 12 month 8 day 80 year | | | | | |
| and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 144 | | | | | |
| This Water Well Record was completed on 8 month 15 day 83 year under the business | | | | | |
| name of Foust Supply Co Inc by (signature) <i>Dorville Foust</i> | | | | | |
| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | | | | |
|  | | LITHOLOGIC LOG | | | |
| FROM | | TO | | LITHOLOGIC LOG | |
| 0 | | 6 | | Topsoil | |
| 6 | | 44 | | Clay | |
| 44 | | 50 | | Gravel | |
| 50 | | 58 | | Clay | |
| 58 | | 66 | | Gravel | |
| 66 | | 68 | | Clay | |
| 68 | | 87 | | Gravel | |
| 87 | | 90 | | Sandstone | |
| 90 | | 96 | | Gravel | |
| 96 | | 105 | | Sandstone | |
| 105 | | 126 | | Gravel | |
| ELEVATION: | | | | | |

Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. 4. ft. (Use a second sheet if needed)

INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.