

1 LOCATION OF WATER WELL: County: Sherman	Fraction SW $\frac{1}{4}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number 24	Township Number T 8 S	Range Number R 40w BW
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Distance and direction from nearest town or city street address of well if located within city?
1104 West Hwy 24

2 WATER WELL OWNER: **Goodland Greenline Inc - Ron Lucas**
 RR#, St. Address, Box # : **1104 W Hwy 24**
 City, State, ZIP Code : **Goodland, KS 67735**
 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 **217** 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 **8** in. to **217** 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) 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No **X**

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 **X**
 Blank casing diameter **4** in. to **187** 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 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 **187** ft. to **217** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **185** ft. to **217** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout intervals From **0** ft. to **1** ft. From **1** ft. to **185** 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) _____
Contaminated Site

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	95	110	Fine to Med Sand & Small Gravel
2	23		Silt w/ Clay Lens			w/ Traces of Caliche
23	34		Clay	110	120	Fine to Med Sand & Small Gravel
34	43		Caliche w/ Clay Strks			w/ Clay & Caliche Strks
43	52		Clay & Caliche Strks	120	143	Fine to Med Sand w/ Clay Strks & Caliche Lens
52	60		Fine to Med Sand & Small Gravel w/ Clay & Caliche Strks	143	160	Fine to Some Med Sand w/ Caliche & Clay Strks
60	71		Fine to Med Sand w/ Trace of Caliche	160	171	Fine to Med Sand w/ Clay & Caliche
71	82		Fine to Med Sand & Small Gravel w/ Clay & Caliche Strks	171	181	Fine to Med Sand & Small Gravel With Clay & Caliche
82	88		Caliche & Clay w/ Sand Strks	181	200	Fine - Med Sand w/ Clay & Caliche Ln
88	95		Fine to Med Sand w/ Caliche	200	216	Fine - Med Sand w/ Trace Caliche
			And Clay Strks	216	220	Fine - Med Sand w/ Caliche Strks

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) **8-7-2008** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **783** This Water Well Record was completed on (mo/day/yr) **8-13-08** under the business name of **Woofer Pump & 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, 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.