

1 LOCATION OF WATER WELL: County: <b>Graham</b>		Fraction <b>SW ¼ NE ¼ SW ¼</b>	Section Number <b>21</b>	Township Number <b>T 9 S</b>	Range Number <b>R 24W E/W</b>
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: <b>Bryon Keith</b> RR#, St. Address, Box #: <b>1854 A 180<sup>th</sup> Ave</b> City, State, ZIP Code: <b>Penokee, KS 67659</b>			Board of Agriculture, Division of Water Resources Application Number: <b>20050344</b>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>150</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>150</b> ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: <input checked="" type="radio"/> Public water supply <input type="radio"/> Air conditioning <input type="radio"/> Injection well			
		<input type="radio"/> 1 Domestic <input type="radio"/> 3 Feed lot <input checked="" type="radio"/> 6 Oil field water supply <input type="radio"/> 9 Dewatering <input type="radio"/> 12 Other (Specify below)			
		<input type="radio"/> 2 Irrigation <input type="radio"/> 4 Industrial <input type="radio"/> 7 Lawn and garden (domestic) <input type="radio"/> 10 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:					
<input checked="" type="radio"/> 1 Steel <input checked="" type="radio"/> 2 PVC		<input type="radio"/> 3 RMP (SR) <input type="radio"/> 4 ABS		<input type="radio"/> 5 Wrought iron <input type="radio"/> 6 Asbestos-Cement <input type="radio"/> 7 Fiberglass	
Blank casing diameter <b>4.5</b> in. to <b>110</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>.248</b>		<input checked="" type="radio"/> 8 Concrete tile <input type="radio"/> 9 Other (specify below)	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="radio"/> 1 Steel <input type="radio"/> 2 Brass		<input type="radio"/> 3 Stainless steel <input type="radio"/> 4 Galvanized steel		<input checked="" type="radio"/> 7 PVC <input type="radio"/> 9 ABS	
SCREEN OR PERFORATION OPENINGS ARE:		<input type="radio"/> 5 Gauzed wrapped <input type="radio"/> 6 Wire wrapped <input type="radio"/> 7 Torch cut		<input checked="" type="radio"/> 8 Saw cut <input type="radio"/> 9 Drilled holes <input type="radio"/> 10 Other (specify)	
SCREEN-PERFORATED INTERVALS:		From <b>110</b> ft. to <b>150</b> ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From <b>20</b> ft. to <b>150</b> ft.		From _____ ft. to _____ ft.	
6 GROUT MATERIAL:					
<input type="radio"/> 1 Neat cement <input type="radio"/> 2 Cement grout		<input checked="" type="radio"/> 3 Bentonite <input type="radio"/> 4 Other			
Grout Intervals From <b>0</b> ft. to <b>20</b> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:					
<input type="radio"/> 1 Septic tank <input type="radio"/> 2 Sewer lines <input type="radio"/> 3 Watertight sewer lines		<input type="radio"/> 4 Lateral lines <input type="radio"/> 5 Cess pool <input type="radio"/> 6 Seepage pit		<input type="radio"/> 7 Pit privy <input type="radio"/> 8 Sewage lagoon <input type="radio"/> 9 Feedyard	
				<input type="radio"/> 10 Livestock pens <input type="radio"/> 11 Fuel storage <input type="radio"/> 12 Fertilizer storage <input type="radio"/> 13 Insecticide storage	
				<input type="radio"/> 14 Abandoned water well <input type="radio"/> 15 Oil well/ Gas well <input type="radio"/> 16 Other (specify below) <b>None</b>	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface	120	136
2	11		Loess		
11	16		Clay	136	140
16	20		Fine & Med Sand w/ Clay Strk	140	150
20	27		Fine & Med Sand w/ Clay Strk		
27	43		Sandy Clay w/ Caliche Str		
43	53		Clay & Caliche w/ Sand Str		
53	60		Fine & Med Sand w/ Clay Lens		
60	74		Fine & Med Sand w/ Some Gravl		
74	80		Fine & Med Sand w/ Caliche Str		
80	95		Fine & Med Sand w/ Clay & Caliche Strk		
95	103		Clay & Caliche		
103	120		Fine & Med Sand w/ Clay Lens		
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) <b>11-14-05</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>11-15-05</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: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.					

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