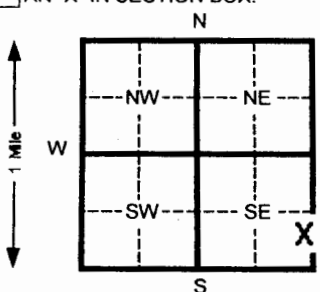


1 LOCATION OF WATER WELL: Fraction **NC 1/4 E 1/2 SE 1/4** Section Number **23** Township Number **T 9 S** Range Number **R 25 E/W**
 County: **Graham**

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Charles E. Waggoner**
 RR#, St. Address, Box # : **1946 140th Ave.** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Morland, Ks 67650** Application Number: **27224**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:


4 DEPTH OF COMPLETED WELL **210** 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 **28** in. to **210** 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 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes No _____

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 _____
 Blank casing diameter **16** in. to **150** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **24** in., weight **16.15** lbs./ft. Wall thickness or gauge No. **.500**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 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 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **150** ft. to **210** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **210** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals From **0** ft. to **20** 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) **Old well**
 Direction from well? **West** How many feet? **25**

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	140	151	Fine to some med sd w/lots sandy
2	10		Loess			Clay & caliche
10	15		Clay	151	157	Caliche & clay
15	24		Cemented sand & caliche	157	163	Clay & caliche w/cemented sd strks
24	30		Clay & caliche	163	170	Fine sd w/sandy clay strks
30	34		Fine to med sand	170	178.5	Fine to some med sd w/sdy clay lens
34	42		Semi-tight fine sand w/clay strk	178.5	180	clay
42	67		Fine to some med sd w/clay strk	180	185.5	Clay w/med sand
67	84		Caliche & clay	185.5	190	Fine to some med sand w/clay lens
84	107		Fine to some med sand w/	190	192.5	clay
			Caliche lens	192.5	199	Fine to some med sd w/some small
107	118		Caliche w/a few sd & clay strks			Gravel w/clay lens
118	131		Sandy clay w/fine sd & cal strks	190	210	Fine to med sd w/some grav w/calich
131	140		Fine sd w/lots of sandy clay			Lens 210 flint

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) **8-17-04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **9-10-04** under the business name of **Woofter Pump & Well, Inc.** by (signature) *[Signature]*
 INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.