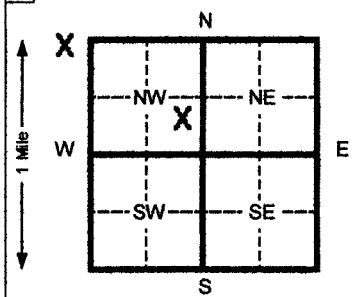


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Graham	NW ¼ SE ¼ NW ¼	17	T 9 S	R 25 EW

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

2 WATER WELL OWNER: **Lloyd Pfeifer**
 RR#, St. Address, Box # : **103 St. Joseph St.**
 City, State, ZIP Code : **Morland, KS 67650**
 Board of Agriculture, Division of Water Resources
 Application Number: **20060348**

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



4 DEPTH OF COMPLETED WELL **150** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **NA** 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 **150** 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 X Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter **4.5** in. to **110** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface **18** in., weight **2.38** lbs./ft. Wall thickness or gauge No. **248**

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 **110** ft. to **150** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **150** 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)
			13 Insecticide storage	NONE

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	115	125	Fine to Med Sand
2	10		Loess	125	128	Sanstone
10	16		Cemented Sand	128	131	Fine to Med Sand
16	28		Fine to Med Sand	131	135	Clay & Caliche
28	35		Clay	135	142	Fine Sand with Clay & Caliche
35	39		Fine to some Med Sand &	142	147	Cemented Sand
			Gravel	147	151	Flint
39	46		Cemented sand with Sand Str	151		Yellow Ochre
46	52		Fine to some Med Sand			
52	61		Sandstone			
61	82		Clay & Caliche			
82	102		Fine to Some Med Sand w/clay			
			Lens			
102	115		Sandstone and Caliche			

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) **9-27-06** 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) **9-29-06** under the business name of **Woofter Pump & Well** by (signature) *Jay C. Wooten Jr. MR*

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.