

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number
County: <b>Sheridan</b>		NW ¼ NE ¼ NW ¼		<b>25</b>	T <b>9</b> S	R <b>30</b> E/W
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: <b>Ed Goetz</b>						
RR#, St. Address, Box # : <b>R R 2, BOX 23</b>						
City, State, ZIP Code : <b>Grainfield, Ks 67737</b>						
Board of Agriculture, Division of Water Resources Application Number: <b>76083</b>						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>215</b> ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL <b>141</b> 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>28</b> in. to <b>220</b> 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 <b>X</b> If yes, mo/day/yr sample was submitted						
Water Well Disinfected? Yes <b>X</b> No						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <b>X</b> Clamped						
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded						
7 Fiberglass Threaded						
Blank casing diameter <b>16</b> in. to <b>155</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <b>24</b> in., weight <b>16.15</b> lbs./ft. Wall thickness or gauge No. <b>.500</b>						
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)						
3 None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 10 Other (specify)						
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 11 None (open hole)						
SCREEN-PERFORATED INTERVALS: From <b>155</b> ft. to <b>215</b> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>215</b> ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 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:						
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 <b>none</b>						
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	141	155	Fine to some med sd w/clay lenses
2	30		Loess	155	160	Fine & med sd w/clay strks & caliche
30	42		clay w/caliche strks			Lenses
42	57		Fine & med sd w/clay & caliche strks	160	174	Fine to some med sd w/clay cal strks
57	70		Fine & med sd w/small gravel strks	174	184	Caliche & clay w/sd strks
70	77		Fine to some med sd w/clay & caliche	18	196	Fine & med sd w/clay lenses
			Strks	196	200	Fine & med sd w/clay strks & caliche
77	80		Clay & caliche w/sd lenses			Lenses
80	100		Fine & med sd & small gravel w/clay	200	213	fine & med sd & small gravel w/clay
			& caliche lenses			& caliche lenses
100	123		Fine & med sd & med gravel w/traces	213	220	Yellow ochre/black shale
			Of clay			
123	133		Fine & med sd w/clay lenses			
133	141		Fine & med sd w/clay & caliche strks			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <b>constructed</b> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>5-6-09</b> record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No. <b>554 and/or 783</b> This Water Well Record was completed on (mo/day/yr) <b>6-5-09</b>						
under the business name of <b>Woofert Pump &amp; Well Inc.</b> 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.						

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