

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: Thomas		SW ¼ SE ¼ SW ¼	26	T 9 S	R 32 EW	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Howard Trust						
RR#, St. Address, Box # : % Jim Woodall, 856 Rd 30			Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : Oakley, Ks 67748			Application Number: 20080120			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 188 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 195 ft. and _____ in. to _____ ft.				
WELL WATER TO BE USED AS: <input checked="" type="radio"/> 5 Public water supply <input type="radio"/> 8 Air conditioning <input type="radio"/> 11 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 <input checked="" type="checkbox"/> No _____						
5 TYPE OF BLANK CASING USED:						
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought Iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
<input checked="" type="checkbox"/> 2 PVC		<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below) _____	Welded _____	
			<input type="checkbox"/> 7 Fiberglass		Threaded _____	
Blank casing diameter _____ in. to _____ 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:						
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> 7 PVC	<input type="checkbox"/> 10 Asbestos-cement	
<input type="checkbox"/> 2 Brass		<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify) _____	
				<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:						
<input type="checkbox"/> 1 Continuous slot		<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)	
<input type="checkbox"/> 2 Louvered shutter		<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes		
			<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify) _____		
SCREEN-PERFORATED INTERVALS: From 148 ft. to 188 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 20 ft. to 188 ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 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:						
<input type="checkbox"/> 1 Septic tank		<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 2 Sewer lines		<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/ Gas well	
<input type="checkbox"/> 3 Watertight sewer lines		<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below) _____	
				<input type="checkbox"/> 13 Insecticide storage	NONE	
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	154	160	Clay
2	22		Loess	160	170	Fine to med sd
22	26		Clay & caliche	170	176	Clay
26	50		Fine to med sd w/clay strks	176	185	Fine to some med sd
50	61		Clay	185	195	Yellow ochre & gray shale
61	95		Med sd & gravel			
95	102		Clay & caliche			
102	110		Fine to med sd & gravel w/clay strks			
110	115		Sandy clay			
115	125		Fine to med sd w/clay & caliche Strks			
125	144		Clay w/sand strks			
144	154		Fine to med sd w/clay strks			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 04-01-08 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) 04-04-08			
under the business name of Woofter Pump & Well Inc.			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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						

OFFICE USE ONLY

T

R

SEC