

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Thomas	$\frac{1}{4}$ E 1/2 $\frac{1}{4}$ SE $\frac{1}{4}$	29	T 9 S	R 36 EW

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

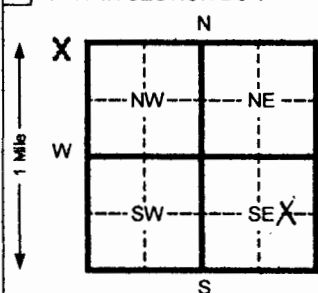
8 Miles south of Brewster2 WATER WELL OWNER: **Travis Palmgren**RR#, St. Address, Box #: **895 Co Rd 9**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code: **Levant, KS 67743**

Application Number:

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



4 DEPTH OF COMPLETED WELL

213 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 **2.20** 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 submittedWater Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:

5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____

6 Asbestos-Cement 9 Other (specify below) Welded _____

7 Fiberglass _____ Threaded _____

Blank casing diameter **4.5** in. to **173** 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

2 Brass 4 Galvanized steel

5 Fiberglass

6 Concrete tile

⑦ PVC

8 RMP (SR)

9 ABS

10 Asbestos-cement

11 Other (specify)

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot 3 Mill slot

2 Louvered shutter 4 Key punched

5 Gauzed wrapped

6 Wire wrapped

7 Torch cut

⑧ Saw cut

9 Drilled holes

10 Other (specify)

11 None (open hole)

SCREEN-PERFORATED INTERVALS: From **173** ft. to **213** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **213** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ 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	168	173	Clay
2	30		Loess	173	179	Fine to med sand
30	42		Clay & Caliche	179	182	Cemented sand
42	54		Fine to Med sand w/clay & Cemented sand str	182	196	Fine to med sand
			Clay & Caliche	196	197	Cemented sand
54	67		Sandstone & sand str	197	204	Fine to med sand & gravel
67	76		Clay	204	205	Cemented sand
76	90		Fine to med sand w/clay lens	205	213	Fine to med sand
90	98		Clay	213	220	Black shale
98	110					
110	118					
118	133					
133	148					
148	168					

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) **5/18/06**

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) **6/19/06**

under the business name of

Woofert Pump & Well

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.