

|  |            |  |  |  |               |
|--|------------|--|--|--|---------------|
| 1 LOCATION OF WATER WELL:  |            | Fraction   | Section Number   | Township Number  | Range Number  |
| County: <b>Thomas</b>  |            | $N\frac{1}{4}$ $\frac{1}{4}$ $N\frac{1}{4}$ $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$  | <b>21</b>  | T <b>9</b> S   | R <b>36</b> E |
| Distance and direction from nearest town or city street address of well if located within city?  |            |  |  |  |               |
| 2 WATER WELL OWNER: <b>KAKE- TV</b>  |            |  |  |  |               |
| RR#, St. Address, Box # : <b>1500 North West Street</b>  |            |  | Board of Agriculture, Division of Water Resources                  |  |               |
| City, State, ZIP Code : <b>Wichita, Ks 67203</b>   |            |  | Application Number:  |  |               |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:   |            | 4 DEPTH OF COMPLETED WELL <b>185</b> ft. ELEVATION:  |  |  |               |
|  |            | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.   |  |  |               |
|  |            | WELL'S STATIC WATER LEVEL <b>123</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>8</b> in. to <b>175</b> ft. and _____ in. to _____ ft.   |  |  |               |
| WELL WATER TO BE USED AS:  |            | 5 Public water supply      8 Air conditioning      11 Injection well<br><input checked="" type="checkbox"/> 1 Domestic      3 Feed lot      6 Oil field water supply      9 Dewatering      12 Other (Specify below)<br>2 Irrigation      4 Industrial      7 Lawn and garden (domestic)      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:   |            |  |  |  |               |
| 1 Steel      3 RMP (SR)  |            | 5 Wrought Iron      8 Concrete tile  |  | CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ |               |
| <input checked="" type="checkbox"/> 2 PVC      4 ABS   |            | 6 Asbestos-Cement      9 Other (specify below)   |  | Welded _____   |               |
| 7 Fiberglass   |            |  |  | Threaded _____   |               |
| Blank casing diameter <b>4.5</b> in. to <b>145</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.   |            |  |  |  |               |
| Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>.248</b>  |            |  |  |  |               |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |            |  |  |  |               |
| 1 Steel      3 Stainless steel      5 Fiberglass   |            | <input checked="" type="checkbox"/> 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   |            | <input checked="" type="checkbox"/> 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 <b>145</b> ft. to <b>185</b> ft.  |            | From _____ ft. to _____ ft.  |  | From _____ ft. to _____ ft.  |               |
| From _____ ft. to _____ ft.  |            | From _____ ft. to _____ ft.  |  | From _____ ft. to _____ ft.  |               |
| GRAVEL PACK INTERVALS:   |            |  |  |  |               |
| From <b>20</b> ft. to <b>185</b> ft.   |            | From _____ ft. to _____ ft.  |  | From _____ ft. to _____ ft.  |               |
| From _____ ft. to _____ ft.  |            | From _____ ft. to _____ ft.  |  | From _____ ft. to _____ ft.  |               |
| 6 GROUT MATERIAL:  |            |  |  |  |               |
| 1 Neat cement      2 Cement grout  |            | <input checked="" type="checkbox"/> 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            |
| <b>0</b>   | <b>2</b>   |  | <b>Surface</b>   |  |               |
| <b>2</b>   | <b>30</b>  |  | <b>Loess</b>   |  |               |
| <b>30</b>  | <b>46</b>  |  | <b>Clay w/caliche lenses</b>                                       |  |               |
| <b>46</b>  | <b>56</b>  |  | <b>Caliche w/clay strks</b>  |  |               |
| <b>56</b>  | <b>60</b>  |  | <b>Fine to med sd to small gravel</b>                              |  |               |
| <b>60</b>  | <b>75</b>  |  | <b>Fine to med sd w/clay lenses</b>                                |  |               |
| <b>75</b>  | <b>90</b>  |  | <b>Fine to med sd w/clay &amp; caliche</b>                         |  |               |
|  |            |  | <b>Strks</b>   |  |               |
| <b>90</b>  | <b>110</b> |  | <b>Fine to med sd w/caliche lenses</b>                             |  |               |
| <b>110</b>   | <b>130</b> |  | <b>Fine to med sd w/caliche strks</b>                              |  |               |
| <b>130</b>   | <b>140</b> |  | <b>Fine to med sd w/caliche &amp; clay</b>                         |  |               |
|  |            |  | <b>Strks</b>   |  |               |
| <b>140</b>   | <b>175</b> |  | <b>Fine to med sd w/small gravel</b>                               |  |               |
| 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) <b>6-18-08</b> and this record is true to the best of my knowledge and belief. Kansas   |            |  |  |  |               |
| Water Well Contractor's License No. <b>783</b>   |            |  | This Water Well Record was completed on (mo/day/yr) <b>7-11-08</b> |  |               |
| under the business name of <b>Woofert Pump &amp; Well Inc.</b>   |            |  | 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. |            |  |  |  |               |

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