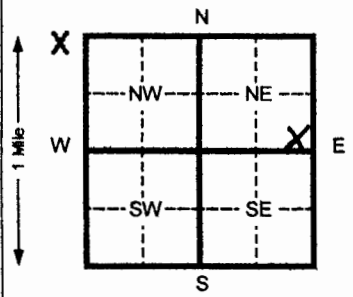


1 LOCATION OF WATER WELL: Fraction SE 1/4 SE 1/4 NE 1/4 Section Number 31 Township Number T 17 S Range Number R 36 E/W
 County: Wichita

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

2 WATER WELL OWNER: Jim Rowton
 RR#, St. Address, Box # : _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Leoti, Ks 67861 Application Number: _____

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



4 DEPTH OF COMPLETED WELL 200 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 200 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 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes No _____

5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 2 PVC 4 ABS 7 Fiberglass Threaded _____
 Blank casing diameter 8 in. to 160 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: 7 PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 160 ft. to 200 ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 200 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	105	120	Med sd w/some gravel w/clay strks
2	15		Loess	120	135	Med sand w/clay strks
15	30		Clay w/caliche strks	135	146	Med sand w/clay strks
30	39		Caliche	146	150	Fine to med sd w/clay & caliche strks
39	45		Caliche w/clay & sand strks	150	165	Fine sand w/clay strks
45	53		Caliche w/clay & sand strks	165	180	Fine sd w/clay strks
53	60		Fine to med sd w/clay & caliche Strks	180	186	Fine sand w/clay strks
				186	192	Fine to med sd w/clay strks
60	71		Fine to med sd w/clay & caliche Strks	192	195	Yellow ochre
				195	200	Black shale
71	75		Clay & caliche w/sd strks			
75	90		Clay & caliche w/sd strks			
90	95		Clay & caliche w/sd strks			
95	105		Fine to med sd w/clay strks			

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) 8-2-06 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) 9-12-06
 under the business name of Woofer Pump & Well Inc. by (signature) Jim Rowton

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 68612-1367. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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