

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Rawlins</b>		<b>NE ¼ SE ¼ NE ¼</b>	<b>31</b>	<b>T 1 S</b>	<b>R 32 EW</b>
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: <b>Francis Kastens</b>					
RR#, St. Address, Box #: <b>RR</b>					
City, State, ZIP Code: <b>Ludell, Ks 67744</b>					
Board of Agriculture, Division of Water Resources					
Application Number: <b>20080373</b>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>230</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <b>NA</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>230</b> ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: <input checked="" type="radio"/> Public water supply <input type="radio"/> Air conditioning <input type="radio"/> Injection well			
		1 Domestic 3 Feed lot <input checked="" type="radio"/> 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 <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"/> PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
			7 Fiberglass		Threaded
Blank casing diameter <b>4.5</b> in. to <b>190</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	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:					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	<input checked="" type="checkbox"/> 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>190</b> ft. to <b>230</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>230</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.					
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>28</b>		<b>Loess</b>	<b>158</b>	<b>163</b>
<b>28</b>	<b>50</b>		<b>Clay w/caliche lenses</b>	<b>163</b>	<b>183</b>
<b>50</b>	<b>63</b>		<b>Caliche w/clay strks</b>	<b>183</b>	<b>190</b>
<b>63</b>	<b>74</b>		<b>Sandstone w/clay &amp; caliche strks</b>	<b>190</b>	<b>205</b>
<b>74</b>	<b>90</b>		<b>Fine to some med sand w/clay</b>	<b>205</b>	<b>218</b>
			<b>&amp; caliche strks</b>	<b>218</b>	<b>230</b>
<b>90</b>	<b>112</b>		<b>Fine &amp; med sand w/clay lenses</b>		
<b>112</b>	<b>118</b>		<b>Caliche w/clay lenses &amp; traces</b>		
			<b>Of sand</b>		
<b>118</b>	<b>123</b>		<b>Caliche w/sandstone strks</b>		
<b>123</b>	<b>138</b>		<b>Sandstone w/caliche strks</b>		
<b>138</b>	<b>153</b>		<b>Fine sand w/caliche lenses</b>		
<b>153</b>	<b>158</b>		<b>Fine sand w/caliche strks &amp;</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>8/19/08</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>8-28-08</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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