

1 LOCATION OF WATER WELL: County: <b>Cheyenne</b>		Fraction <b>SW 1/4 SW 1/4 SW 1/4</b>	Section Number <b>29</b>	Township Number <b>T 2 S</b>	Range Number <b>R 41 EW</b>
Distance and direction from nearest town or city street address of well if located within city? <b>2 west St Francis, 5 north, 5 west, 1/2 south</b>					
2 WATER WELL OWNER: <b>William Raile + Ellen D. Raile</b>					
RR#, St. Address, Box # : <b>420 E Whittier St.</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>St. Francis KS 67756</b>			Application Number: <b>20080553</b>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>300</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>305</b> 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 <b>X</b> If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes <b>X</b> No _____					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought Iron	
2 <b>PVC</b>		4 ABS		6 Asbestos-Cement	
		7 Fiberglass		8 Concrete tile	
Blank casing diameter <b>4.5</b> in. to <b>260</b> ft., Dia				CASING JOINTS: Glued <b>X</b> Clamped _____	
Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft.				Welded _____	
				Threaded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 <b>PVC</b>	
				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		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 <b>Saw cut</b>	
				9 Drilled holes	
				10 Other (specify) _____	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <b>260</b> ft. to <b>300</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>300</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <b>Bentonite</b> 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below) <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>207</b>	<b>234</b>
<b>2</b>	<b>30</b>		<b>Loess</b>	<b>234</b>	<b>297</b>
<b>30</b>	<b>57</b>		<b>Clay</b>		
<b>57</b>	<b>93</b>		<b>Clay w/caliche lenses</b>	<b>297</b>	<b>305</b>
<b>93</b>	<b>122</b>		<b>Clay w/caliche strks</b>		
<b>122</b>	<b>143</b>		<b>Fine sd w/sandstone w/caliche Strks &amp; clay lenses</b>		
<b>143</b>	<b>158</b>		<b>Fine to some med sd w/clay &amp; Caliche strks</b>		
<b>158</b>	<b>163</b>		<b>Clay &amp; caliche w/sand strks</b>		
<b>163</b>	<b>184</b>		<b>Fine to some med sd w/clay &amp; Caliche strks</b>		
<b>184</b>	<b>207</b>		<b>Fine to med sd &amp; small gravel strks</b>		
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) <b>12-12-08</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>2/23/08</b> under the business name of <b>Woofter Pump &amp; Well Inc.</b> by (signature) <i>Andy C. Woofter</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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