

1 LOCATION OF WATER WELL: County: **Rawlins** Fraction: **SE 1/4 SW 1/4 NW 1/4** Section Number: **27** Township Number: **T 3 S** Range Number: **R 31 E**

Distance and direction from nearest town or city street address of well if located within city?
10.5 miles S & 1 mile West, then 1/2 mile north of Healden

2 WATER WELL OWNER: **Rocky Hayes**
 RR#, St. Address, Box #: **R R 2** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Atwood, Ks 67730** Application Number:

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

4 DEPTH OF COMPLETED WELL: **170** 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 **180** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feed lot 6 Oil field water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 9 Dewatering 12 Other (Specify below)
 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:
 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter: **8** in. to **130** 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. **244**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 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 **130** ft. to **170** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **170** 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) _____
NONE
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	130	143	Clay & caliche w/sand strks
2	28		Loess	143	160	Fine to med sd w/clay & caliche strks
28	42		Clay w/caliche lenses	160	170	Med sand
42	54		Clay & caliche w/sd strks	170	180	Yellow ochre
54	60		Caliche w/clay			
60	72		Fine to some med sd w/clay & Caliche strks			
72	80		Sandstone			
80	91		Fine to some med sd w/caliche Strks			
91	100		Fine to med sd w/clay & caliche Strks			
100	107		Fine sand w/sandstone strks			
107	130		Sandstone w/caliche 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) **2-20-08** 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) **3-14-08** under the business name of **Woofer Pump & Well Inc.** by (signature) *Carl W. Wofford*

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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