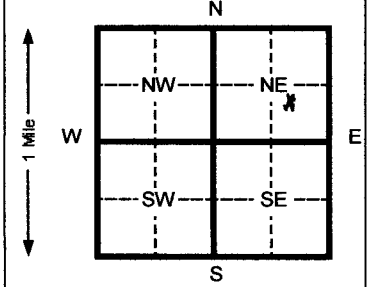


1 LOCATION OF WATER WELL: County: Rawlins	Fraction NW ¼ SE ¼ NE ¼	Section Number 35	Township Number T 3 S	Range Number R 32 E 1/4
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Mark Bergling**
 RR#, St. Address, Box # : **Rt. 2 Box 54**
 City, State, ZIP Code : **Ludell, KS 67744**
 Board of Agriculture, Division of Water Resources
 Application Number:

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



4 DEPTH OF COMPLETED WELL **190** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **h. 1** 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 **9** in. to **190** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

<input type="checkbox"/> 1 Domestic	<input type="checkbox"/> 3 Feed lot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden (domestic)	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)

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:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought Iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> Welded
		<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> Threaded

Blank casing diameter **5** in. to **150** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **18** in., weight **2.355** lbs./ft. Wall thickness or gauge No. **.214**

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> 7 PVC	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify)
			<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
		<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From **150** ft. to **190** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **190** 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:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 15 Oil well/ Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 13 Insecticide storage	<input type="checkbox"/> 16 Other (specify below)

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	165	180	Fine to Med Sand w/ Clay Strks
2	12		Loess	180	187	Fine to Med Sand & Some Gravel
12	40		Brown Clay	187	190	Yellow Ochre
40	53		Clay			
53	56		Clay & Caliche			
56	60		Fine to Med Sand w/ Clay Strks			
60	73		Fine to Med Sand			
73	90		Clay, Caliche w/ Sand Strks			
90	95		Clay w/ Cemented Sand			
95	100		Fine to Med Sand w/ Clay Strks			
100	110		Clay, Caliche w/ Sand Strk			
110	131		Fine Sand w/ Clay Strks			
131	146		Clay, Caliche w/ Sand Strks			
146	165		Cemntd Sand w/ Clay & Caliche			

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) **12-20-04** 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) **12-28-04** under the business name of **Woofter Pump and Well Inc** by (signature) *Jay [Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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