

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: RAWLINS	NW 1/4 NE 1/4 NE 1/4	8	T 3 S	R 33 E

Distance and direction from nearest town or city street address of well if located within city?
402 GRANT **Pw1**

2 WATER WELL OWNER: **GINTHER OIL**
 RR#, St. Address, Box #: **402 GRANT**
 City, State, ZIP Code: **ATWOOD KS 67730**
 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: 20 ft. ELEVATION:
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Depth(s) Groundwater Encountered 1. **10.95** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **10.95** ft. below land surface measured on mo/day/yr **12/13/95**

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 **10 1/2** in. to **20** in. to _____ in. to _____ in.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only **10** Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X**; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No **NO**

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	

Blank casing diameter _____ in. to _____ in., Dia _____ in. to _____ in., Dia _____ in. to _____ in.

Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. **SC40**

CASING JOINTS: Glued _____ Clamped _____
 Welded _____ Threaded **X**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____

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 _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 **C** Cement grout 3 **B** Bentonite 4 Other _____

Grout Intervals: From _____ ft. to _____ 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	11 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	16 Other (specify below) _____

Direction from well? **S** How many feet? **50**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4"	CEMENT			
4"	10"	FILL SAND			
10"	8	GRAY SILT			
8	15	BLACK TO GRAY SILT			
15	20	PLIABLE SANDY SILT, WET			

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/year) **12/13/95** 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) **2-5-96** under the business name of **HGD SERVICES** by (signature) *Neil Greiner*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top 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.