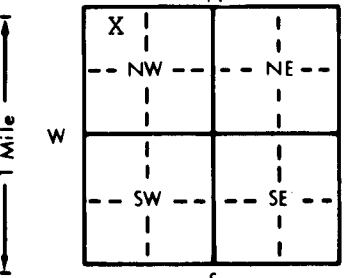


1 LOCATION OF WATER WELL: County: **Rawlins** Fraction: **N 1/2 NW 1/4 NW 1/4** Section Number: **20** Township Number: **T 3 S** Range Number: **R 33 EW**

Distance and direction from nearest town or city street address of well if located within city?
 1/2 Mile West of State Highway 25, 1 1/2 Miles South of Atwood, Kansas 52935128B MW-2A

2 WATER WELL OWNER: **Rawlins County**
 RR#, St. Address, Box #: **607 Main** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Atwood, Kansas** Application Number:

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

 4 DEPTH OF COMPLETED WELL: **140** ft. ELEVATION: **Approx. Surface Elev.: 3049**
 Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL 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 **140** ft., and in. to ft.
 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 **Plugged**
 Was a chemical/bacteriological sample submitted to Department? Yes.....No.....**X**.....; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes No **X**

5 TYPE OF CASING USED: 1 Steel 2 **PVC** 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued Clamped Welded Threaded..... **X**.....
 Blng casing diameter 4 in. to **140** ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface: **36** in., weight lbs./ft. Wall thickness or gauge No. **Schedule 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 **PVC** 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 11 None (open hole) 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 Cement grout 3 Bentonite 4 Other
 Grout Intervals: From **0.0** ft. to **140** ft., From ft. to ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 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)
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.0	2.0	Topsoil			
2.0	45.0	Lean Clay; Light Tan			
45.0	58.0	Sand With Caliche			
58.0	72.0	Fine to Medium Sand, With Caliche			
72.0	74.0	Sand With Caliche			
74.0	90.0	Fine to Medium Sandstone			
90.0	96.0	Sand With Caliche			
96.0	130.0	Fine to Medium Sandstone			
130.0	135.0	Fine to Medium Sand, Trade Coarse			
135.0	140.0	Weathered Shale			

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) **03/04/94** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **416** This Water Well Record was completed on (mo/day/yr) **03-04-94** under the business name of **Terracon Consultants, Inc.** by (signature) *Steve R. Fisher*

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.