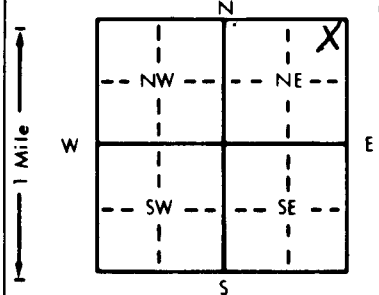


1 LOCATION OF WATER WELL: County: Rawlins Fraction: NE 1/4 NE 1/4 NE 1/4 Section Number: 19 Township Number: T 3 S Range Number: R 34 EW

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

2 WATER WELL OWNER: Gordon Hawkins
 RR#, St. Address, Box # : Rt. 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: 178 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 146 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 178 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
 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 BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter: 5 in. to 158 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:
 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) _____
 9 ABS 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 158 ft. to 178 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 178 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: NONE
 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)
 13 Insecticide storage _____

Direction from well?		LITHOLOGIC LOG		PLUGGING INTERVALS	
FROM	TO		FROM	TO	
0	2	Surface	118	125	Sandy Clay & Caliche w/Sand Strks.
2	20	Loess	125	126	Fine to Med. Sand
20	56	Clay & Caliche	126	132	Cemented Sand w/Clay & Caliche
56	62	Fine Sand w/Clay	132	137	Cem. Sand w/Fine to Med. Sand Strk
62	65	Cemented Sand w/Sand & Clay Strks.	137	138	Cem. Sand w/Chirt Strks.
65	68	Clay & Caliche	138	145	Cem. Sand & Clay w/S. Sand
68	71	Med. Sand & Gravel	145	149	Fine to Med. Sand w/Cem. Strks.
71	74	Sandy Clay & Caliche w/Some Sand	149	154	Cem. Sand
74	80	Semi-Tight to Med. Sand w/Clay Layers	154	157	Fine to Med. Sand w/Clay
80	84	Med. Sand & Gravel	157	161	Sandy Clay
84	86	Sandy Clay	161	167	Fine to Med. Sand
86	92	Med. Sand w/Clay Layers	167	178	Ochre & Shale
92	97	Cemented Sand & Caliche w/Clay & S. Sand			
97	106	Cemented Sand			
106	118	Med. Sand w/Clay Lenses			

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) 10-3-97 554 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. Woofter Pump & Well Inc Record was completed on (mo/day/yr) 10-8-97 under the business name of _____ by (signature) [Signature]

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.