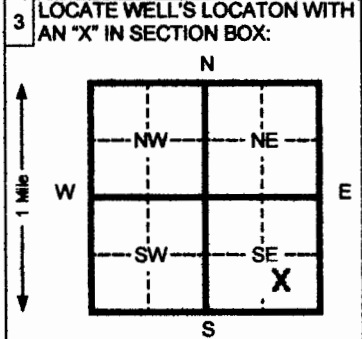


1 LOCATION OF WATER WELL: Fraction **cent 1/4 SE 1/4 SE 1/4** Section Number **3** Township Number **T 3 S** Range Number **R 35 E/W**
 County: **Rawlins**

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

2 WATER WELL OWNER: **Phyllis Zishka**
 RR#, St. Address, Box #: **5674 Cedar Lane** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Bonner Springs, KS 66012** Application Number:



4 DEPTH OF COMPLETED WELL **210** 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 **220** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 ① Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped
 ① Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
 ② PVC 4 ABS 7 Fiberglass Threaded
 Blank casing diameter **4.5** in. to **170** 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. **.248**
 TYPE OF SCREEN OR PERFORATION MATERIAL: ⑦ PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped ⑧ Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)
 SCREEN-PERFORATED INTERVALS: From **170** ft. to **210** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **210** 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 **2** 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)
 13 Insecticide storage **none**
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			& clay & caliche strks
2	25		Loess	140	160	Fine to med sand w/clay & caliche Strks
25	66		Clay w/caliche strks			
66	75		Clay & caliche w/sand strks	160	180	Fine to med sd s/clay & caliche strks
75	80		Fine to med sd w/clay & caliche Strks	180	200	Fine to med sand w/clay & caliche strks
80	94		Clay & caliche w/sand & Sandstone strks	200	210	Fine to med sand w/clay & caliche Strks
94	96		Sandstone	210	220	Yellow ochre & grey shale
96	112		Clay & caliche w/sand strks			
112	120		Fine to med sd w/clay & Caliche strks			
120	130		Clay w/caliche strks			
130	140		Fine sand w/sandstone 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) **5/5/06** 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) **6/16/06** under the business name of **Woofler Pump & Well** by (signature) _____

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.