

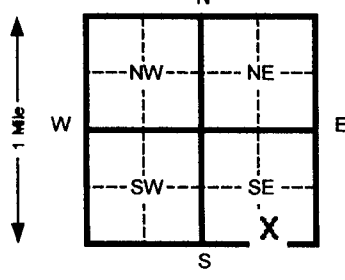
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|--|------------|-----------------------|--|----------------|------------|---|--|----------------|--|
| 1 LOCATION OF WATER WELL: | | Fraction | | Section Number | | Township Number | | Range Number | |
| County: Rawlins | | SW ¼ SW ¼ SE ¼ | | 14 | | T 3 S | | R 36 EW | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | | | |
| 2 WATER WELL OWNER: Beaver Valley Supply Co, Inc. | | | | | | | | | |
| RR#, St. Address, Box # : % Frankie Chvatal, P O Box 419 | | | | | | | | | |
| City, State, ZIP Code : Atwood, Ks 67730 | | | | | | | | | |
| Pg 1 of 2 Board of Agriculture, Division of Water Resources Application Number: 16,751 | | | | | | | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | | 4 DEPTH OF COMPLETED WELL 333 ft. ELEVATION: | | | | | | |
| | | | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. | | | | | | |
| | | | WELL'S STATIC WATER LEVEL 208 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 28 in. to 333 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) | | | | | | | | | |
| <input checked="" type="checkbox"/> 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ | | | | | | | | | |
| Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/> | | | | | | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | | | | | |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped | | | | | | | | | |
| <input checked="" type="checkbox"/> 2 PVC 4 ABS 7 Fiberglass _____ Threaded | | | | | | | | | |
| Blank casing diameter 16 in. to 233 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. | | | | | | | | | |
| Casing height above land surface 24 in., weight 16.15 lbs./ft. Wall thickness or gauge No. 500 | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | |
| 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: | | | | | | | | | |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped <input checked="" type="checkbox"/> 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 233 ft. to 333 ft. From _____ ft. to _____ ft. | | | | | | | | | |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 20 ft. to 333 ft. From _____ ft. to _____ ft. | | | | | | | | | |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft. | | | | | | | | | |
| 6 GROUT MATERIAL: <input checked="" type="checkbox"/> 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: | | | | | | | | | |
| 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 | 158 | 162 | Med sand & gravel | | | |
| 2 | 20 | | Loess | 162 | 166 | Clay, caliche cemented sand & some | | | |
| 20 | 90 | | Clay | | | Tight sand mix | | | |
| 90 | 104 | | Sand, clay w/sand strks | 166 | 169 | Hard, cemented sand | | | |
| 104 | 114 | | Hard white substance & clay | 169 | 176 | Med sand & gravel w/chirt strks, hard | | | |
| 114 | 121 | | Sandy clay-caliche & a few sd | 176 | 193 | Med sand & gravel | | | |
| | | | Streaks | 193 | 198 | Sandy clay & caliche | | | |
| 121 | 126 | | Caliche & chirt | 198 | 203 | Med sand & caliche | | | |
| 126 | 128 | | Hard chirt | 203 | 208 | Sandy clay & caliche | | | |
| 128 | 136 | | Sandy clay | 208 | 210 | Hard cemented sand | | | |
| 136 | 141 | | Med sand sandy clay | 210 | 216 | Sandy clay caliche, cemented sand | | | |
| 141 | 149 | | Sandy clay | 216 | 245 | Soft sandstone clay, caliche & fine sd | | | |
| 149 | 154 | | Cemented sand | 245 | 246 | Hard cemented sand | | | |
| 154 | 158 | | Med sand, clay, cemented strks | 246 | 250 | Med sand w/clay & some cement tight | | | |
| 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) 4-30-03 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) 5-2-03 | | | | | | | | | |
| under the business name of Woofter Pump and Well Inc. by (signature) <i>[Signature]</i> | | | | | | | | | |
| 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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| 1 LOCATION OF WATER WELL: | | Fraction | | Section Number | | Township Number | | Range Number | |
| County: Rawlins | | SW ¼ SW ¼ SE ¼ | | 14 | | T 3 S | | R 36 EW | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | | | |
| 2 WATER WELL OWNER: Beaver Valley Supply Co, Inc. | | | | | | | | | |
| RR#, St. Address, Box # : % Frankie Chvatal, P O Box 419 | | | | | | | | | |
| City, State, ZIP Code : Atwood, Ks 67730 | | | | | | | | | |
| Pg 2 of 2 | | | | | | | | | |
| Board of Agriculture, Division of Water Resources | | | | | | | | | |
| Application Number: 16,751 | | | | | | | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | | | | 4 DEPTH OF COMPLETED WELL | | | | |
|  | | | | | 333 ft. ELEVATION: | | | | |
| Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. | | | | | WELL'S STATIC WATER LEVEL 208 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 28 in. to 333 ft. and in. to | | | | | WELL WATER TO BE USED AS: | | | | |
| 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: | | | | | | | | | |
| 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 16 in. to 233 ft., Dia in. to ft., Dia in. to ft. | | | | | | | | | |
| Casing height above land surface 24 in., weight 16.15 lbs./ft. Wall thickness or gauge No. .500 | | | | | | | | | |
| 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) | | | | | | | | | |
| 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 233 ft. to 333 ft. From ft. to ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 20 ft. to 333 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: | | | | | | | | | |
| 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 | | | | | | | | | |
| 250 253 Med sand & gravel, fairly loose | | | | | | | | | |
| W/clay & some caliche | | | | | | | | | |
| 253 278 Fine sand fairly loose w/clay | | | | | | | | | |
| 278 282 Fine to med sand w/a few clay | | | | | | | | | |
| Lenses, loose | | | | | | | | | |
| 282 284 Sandy clay | | | | | | | | | |
| 284 326 Fine to med sand loose | | | | | | | | | |
| 326 328 Clay | | | | | | | | | |
| 328 330 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/yr) 4-30-03 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) 5-2-03 | | | | | | | | | |
| under the business name of Woofter Pump and Well Inc. 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, Topeka, Kansas 66620-0001. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records. | | | | | | | | | |

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