

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Rawlins		SE ¼ NE ¼ NE ¼		25		T 3 S		R 36	
Distance and direction from nearest town or city street address of well if located within city? 4 miles East of McDonald, Ks, and 1 ½ miles South									
2 WATER WELL OWNER: Jerry Binning									
RR#, St. Address, Box #: Rt 2 Box 10						Board of Agriculture, Division of Water Resources			
City, State, ZIP Code: McDonald, KS 67745						Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:					4 DEPTH OF COMPLETED WELL 252 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 252 ft. and _____ in. to _____ ft.					WELL WATER TO BE USED AS:				
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					5 Public water supply 8 Air conditioning 11 Injection well				
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 _____ Clamped _____									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass _____ Threaded X									
Blank casing diameter 2 in. to 212 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface 36 in., weight .716 lbs./ft. Wall thickness or gauge No. .154									
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 212 ft. to 252 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 20 ft. to 252 ft. From _____ ft. to _____ ft.									

6 GROUT MATERIAL:		1 Neat cement		2 Cement grout		3 Bentonite		4 Other Cement Pad	
Grout Intervals From 20 ft. to .5 ft. From .5 ft. to 0 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	164	172	Fine to S. Med Sand w/Clay & Cal Lns
2	27		Loess	172	183	Sandstone w/Clay & Caliche Lens
27	46		Clay & Silty Clay	183	194	Fine to S. Med Sand w/Caliche Lens
46	70		Caliche & Clay	194	203	Sandstone w/Clay & Caliche
70	84		Sandstone w/Clay & Caliche Str	203	215	Fine Sand w/Sandstone, Clay, Caliche
84	86		Fine Sand	215	218	Fine Sand w/Clay & Caliche Strks.
86	91		Fine to Med Sand w/Caliche Lns	218	230	Fine to Some Med. Sand
91	104		Sandy Clay & Caliche Lens	230	233	Sandy Clay
104	110		Fine Sand w/Caliche Lens	233	243	Fine Sand w/s. med sand strks & Caliche Lens
110	123		Sandstone w/Cemented Sand St			
123	130		Fine to Med Sand	243	252	Fine to Med. Sand & Small Gravel
130	142		Sandy Clay, Caliche w/sandst st	252		Grey Shale
142	153		Fine to Med Sand w/Caliche Lns			
153	164		Sandstone & Clay 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) 6/1/07 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) 6/14/07
under the business name of Woofert Pump & Well Inc.	by (signature) <i>Jay Woofert</i>

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.