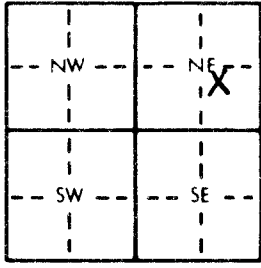


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Rawlins	NE 1/4 SE 1/4 NE 1/4	20	T 3 S	R 36 EW

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

2 WATER WELL OWNER: **D&L SERVICE** **in town**
 RR#, St. Address, Box #: **Highway 36** **MW 5**
 City, State, ZIP Code: **McDonna, KS** Board of Agriculture, Division of Water Resources
 Application Number:

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



4 DEPTH OF COMPLETED WELL: **230** ft. ELEVATION:

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **209.91** 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 _____ in. to _____ ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

1 Domestic	3 Feedlot	6 Oil field water supply	8 Air conditioning	11 Injection well
2 Irrigation	4 Industrial	7 Lawn and garden only	9 Dewatering	12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes ☒ No ☐ If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes ☒ No ☐

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		<input checked="" type="checkbox"/> Threaded

Blank casing diameter **2** in. to **200** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface **0** in. weight _____ lbs./ft. Wall thickness or gauge No. _____

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	<input checked="" type="checkbox"/> 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 **200** ft. to **230** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **198** ft. to **230** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL:

1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> Bentonite	4 Other
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Grout Intervals: From **0** ft. to **2.25** ft. From **2.25** ft. to **196** ft. From **196** ft. to **198** ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	<input checked="" type="checkbox"/> Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	<input checked="" type="checkbox"/> 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? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5'	Topsoil	159.	169.	clay moderate yellowish brown med. plasticity
5	24.	silt, pale yellowish brown NON COHESIVE			med. stiff
24.	88.	silt, pale yellowish brown SOME clay, low plasticity	169.	189	sand, fine to med, poorly graded subangular
88.	119.	clay, dark yellowish brown med. plasticity med. stiff	189.	230.0	sand fine to med well graded yellow-brown subangular moist at 209.0
119.0	128.0	clay w/some silt, med. plasticity CaCO ₃ stringers			
128.0	139.	pale yellowish orange med. stiff SAME AS ABOVE - SOME			
139.	159.	fine sand added clay soft, yellowish white moist med. plasticity			

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) **6-16-94** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **138** This Water Well Record was completed on (mo/day/yr) **8/31/94** under the business name of **Kansas City Testing Lab, Inc.** by (signature) **Jim Buehler**