

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																																												
County: <b>Rawlins</b>		<b>NW</b> $\frac{1}{4}$ <b>NE</b> $\frac{1}{4}$ <b>SE</b> $\frac{1}{4}$		<b>22</b>		T <b>5</b> S		R <b>31</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span>																																																																																												
Distance and direction from nearest town or city street address of well if located within city?																																																																																																				
2 WATER WELL OWNER: <b>John Bastin</b>																																																																																																				
RR#, St. Address, Box # : <b>Po Box 2712</b>																																																																																																				
City, State, ZIP Code : <b>Salina, Ks 67401</b>																																																																																																				
Board of Agriculture, Division of Water Resources Application Number: <b>20080520</b>																																																																																																				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL <b>150</b> ft. ELEVATION:																																																																																																	
			Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.																																																																																																	
			WELL'S STATIC WATER LEVEL <b>NA</b> 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 <b>8</b> in. to <b>150</b> 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 <b>X</b> If yes, mo/day/yr sample was submitted _____																																																																																																				
Water Well Disinfected? Yes <b>X</b> No _____																																																																																																				
5 TYPE OF BLANK CASING USED:																																																																																																				
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <b>X</b> Clamped _____																																																																																																				
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____																																																																																																				
7 Fiberglass _____ Threaded _____																																																																																																				
Blank casing diameter <b>4.5</b> in. to <b>110</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																																																																																				
Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>.248</b>																																																																																																				
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 <b>110</b> ft. to <b>150</b> ft. From _____ ft. to _____ ft.																																																																																																				
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>150</b> ft. From _____ ft. to _____ ft.																																																																																																				
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																																																																																				
Grout Intervals From <b>0</b> Ft. to <b>20</b> 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)																																																																																																				
<b>None</b>																																																																																																				
Direction from well? _____ How many feet? _____																																																																																																				
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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) <b>11/19/08</b> and this record is true to the best of my knowledge and belief. Kansas																																																																																																				
Water Well Contractor's License No. <b>783</b> This Water Well Record was completed on (mo/day/yr) <b>12-1-08</b>																																																																																																				
under the business name of <b>Woofter Pump &amp; Well Inc.</b> 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, 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.																																																																																																				

OFFICE USE ONLY

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