

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number		
County: Rawlins	SE ¼ SW ¼ NE ¼	30	T 5 S	R 31 EW		
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Ryan II Inc. Lawrence, Terry						
RR#, St. Address, Box # : HC1 Box 51		Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : Gem, Ks 67734		Application Number: 20080552				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 120 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 106 ft. and _____ in. to _____ ft.				
		WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Public water supply <input type="checkbox"/> Air conditioning <input type="checkbox"/> Injection well				
		1 Domestic <input type="checkbox"/> Feed lot <input checked="" type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)				
		2 Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden (domestic) <input type="checkbox"/> 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 <input checked="" type="checkbox"/> No _____				
5 TYPE OF BLANK CASING USED:						
1 Steel		3 RMP (SR)		5 Wrought Iron		
<input checked="" type="checkbox"/> PVC		4 ABS		6 Asbestos-Cement		
		7 Fiberglass		8 Concrete tile		
Blank casing diameter 4.5 in. to 80 ft., Dia		_____ in. to _____ ft., Dia		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____		
Casing height above land surface 18 in., weight 2.38 lbs./ft.		_____ lbs./ft.		Welded _____		
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> PVC		10 Asbestos-cement		
1 Steel		3 Stainless steel		11 Other (specify) _____		
2 Brass		4 Galvanized steel		12 None used (open hole)		
5 Fiberglass		8 RMP (SR)		11 None (open hole)		
6 Concrete tile		9 ABS		9 Drilled holes		
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		<input checked="" type="checkbox"/> Saw cut		
1 Continuous slot		3 Mill slot		11 None (open hole)		
2 Louvered shutter		4 Key punched		9 Drilled holes		
6 Wire wrapped		7 Torch cut		10 Other (specify) _____		
SCREEN-PERFORATED INTERVALS: From 80 ft. to 120 ft.		_____ ft. to _____ ft.		_____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From 20 ft. to 120 ft.		_____ ft. to _____ ft.		_____ ft. to _____ ft.		
6 GROUT MATERIAL:		1 Neat cement		2 Cement grout		
Grout intervals From 0 ft. to 20 ft.		_____ ft. to _____ ft.		3 Bentonite		
What is the nearest source of possible contamination:		7 Pit privy		10 Livestock pens		
1 Septic tank		4 Lateral lines		11 Fuel storage		
2 Sewer lines		5 Cess pool		12 Fertilizer storage		
3 Watertight sewer lines		6 Seepage pit		13 Insecticide storage		
		9 Feedyard		14 Abandoned water well		
				15 Oil well/ Gas well		
				16 Other (specify below) none		
Direction from well? _____		How many feet? _____				
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			
2	13		Loess			
13	30		Fine to some med sd w/caliche Lense			
30	52		Clay & caliche w/sd lenses			
52	60		Fine to med sd w/clay & Caliche strks			
60	70		Clay & caliche w/sand lenses			
70	80		Fine sand w/caliche lenses			
80	94		Fine sand & sd stone w/ Caliche lenses			
94	106		Fine to med sd w/caliche lenses			
106			Traces of clay Yellow ochre/black shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 12-17-08 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) 12/23/08 under the business name of Woofter Pump & Well Inc. by (signature) <i>Jan C. Woofter</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.						

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