

1 LOCATION OF WATER WELL:	Fraction SW $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number 34	Township Number T 5 S	Range Number R 31 EW
County: Rawlins				
Distance and direction from nearest town or city street address of well if located within city?				

2 WATER WELL OWNER: **Gary Withers**
 RR#, St. Address, Box # : **HC 2, Box 20** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Rexford, KS 67753** Application Number: **20090039**

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 185 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 185 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 X If yes, mo/day/yr sample was submitted _____	
Water Well Disinfected? Yes X No _____	

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 _____
Blank casing diameter 4.5 in. to 145 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass	Threaded _____	
Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. .248		TYPE OF SCREEN OR PERFORATION MATERIAL:		
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC	10 Asbestos-cement	11 Other (specify) _____
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	12 None used (open hole)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From 145 ft. to 185 ft. From _____ ft. to _____ ft.		GRAVEL PACK INTERVALS: From 20 ft. to 185 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
0	2		Surface	127	140	Caliche w/sand strks & clay lenses
2	20		Loes	140	160	Fine to some med sand w/caliche
20	28		Clay & caliche w/sand lenses			Lenses
28	38		Fine sand w/clay & caliche strks	160	179	Fine to med sand
38	48		Fine & med sand w/caliche lens	179	185	Yellow ochre
48	69		Fine sand & sandy clay w/clay & caliche strks			
69	77		Clay & caliche w/sand lenses			
77	93		Fine sand w/clay & caliche lens			
93	100		Fine sand & sandstone w/clay & caliche strks			
100	123		Fine & med sand w/clay & Caliche lenses			
123	127		Caliche			

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) **2-5-09** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **783** This Water Well Record was completed on (mo/day/yr) **2-16-09** under the business name of **Woofter Pump & Well Inc.** by (signature) *[Signature]*

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.