

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Rawlins</b>		<b>SW 1/4 SE 1/4 SW 1/4</b>	<b>9</b>	T <b>5</b> S	R <b>33</b> <b>SW</b>
Distance and direction from nearest town or city street address of well if located within city? (same)					
2 WATER WELL OWNER: <b>Dennis Franklin</b>					
St. Address, Box # : <b>22074 Road 23</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Atwood, Ks 67730</b>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>205</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL _____ 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>205</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>5</b> in. to <b>165</b> ft. Dia					
Casing height above land surface <b>18</b> in., weight <b>2.355</b> lbs./ft.					Wall thickness or gauge No. <b>.214</b>
6 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)
7 SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Lowered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
			7 Torch cut	10 Other (specify)	
8 SCREEN-PERFORATED INTERVALS:					
From <b>165</b> ft. to <b>205</b> ft.		From _____ ft. to _____ ft.			
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.			
9 GRAVEL PACK INTERVALS:					
From <b>20</b> ft. to <b>205</b> ft.		From _____ ft. to _____ ft.			
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.			
10 GROUT MATERIAL:					
1 Neat cement		2 Cement grout	3 Bentonite	4 Other	
Intervals From <b>0</b> ft. to <b>20</b> ft.		From _____ ft. to _____ ft.			
11 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	<b>none</b>
12 Location from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG		PLUGGING INTERVALS
0	2		Surface		124 131 Caliche w/clay lenses
2	26		Loess		131 140 Caliche & clay w/sand lenses
26	43		Clay w/caliche strks		140 189 Fine sand w/clay & caliche lenses
43	51		Fine to med sand w/clay & Caliche strks		189 198 Fine to some med sand
51	70		Fine sand & sandy clay mix w/ Clay & caliche strks		198 205 Yellow ochre/black shale
70	77		Fine to med sand w/caliche strk		
77	80		Caliche		
80	107		Caliche & clay w/sand lenses		
107	114		Fine to some med sand w/clay & caliche strks		
114	119		Caliche & clay w/sand lenses		
119	124		Caliche		
13 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was installed on (mo/day/yr) <b>2-26-10</b> and this record is true to the best of my knowledge and belief. Kansas					
Well Contractor's License No. <b>554/783</b>		This Water Well Record was completed on (mo/day/yr) <b>3-5-10</b>			
The business name of <b>Woofor 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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