

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Rawlins</u>	<u>NE 1/4</u> <u>NE 1/4</u> <u>NE 1/4</u>	<u>16</u>	<u>T 5</u> <u>S</u>	<u>R 33</u> <u>EW</u>

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

Atwood Thirteen miles South of Atwood & 2 miles East

2 WATER WELL OWNER:	Bob Ruda	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # :	R.R. 1, Box 7730	Application Number:
City, State, ZIP Code :	Atwood, KS 67730	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>165</u> ft. ELEVATION: _____
	Depth(s) Groundwater Encountered <u>1</u> <u>75</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>75</u> ft. below land surface measured on mo/day/yr <u>4/21/88</u> Pump test data: Well water was <u>82</u> ft. after <u>1</u> hours pumping <u>7</u> gpm Est. Yield <u>40</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>8</u> in. to <u>165</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <u>1</u> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u> _____

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
<u>2</u> PVC	4 ABS	7 Fiberglass	10 Asbestos-cement
Blank casing diameter <u>4</u> in. to <u>143</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			11 Other (specify) _____
Casing height above land surface <u>24</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>173</u>			12 None used (open hole)
TYPE OF SCREEN OR PERFORATION MATERIAL:	5 Fiberglass	8 RMP (SR)	
1 Steel	3 Stainless steel	9 ABS	
2 Brass	4 Galvanized steel	10 Other (specify) _____	
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	7 Torch cut	10 Other (specify) _____	
3 Mill slot			
SCREEN-PERFORATED INTERVALS: From <u>143</u> ft. to <u>165</u> ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>11</u> ft. to <u>165</u> ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	<u>1</u> Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals: From <u>0</u> ft. to <u>11</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:	<u>10</u> Livestock pens	14 Abandoned water well		
1 Septic tank	4 Lateral lines	11 Fuel storage	15 Oil well/Gas well	
2 Sewer lines	5 Cess pool	12 Fertilizer storage	16 Other (specify below)	
3 Watertight sewer lines	6 Seepage pit	13 Insecticide storage		
7 Pit privy	8 Sewage lagoon			
9 Feedyard				
Direction from well? <u>West</u>		How many feet? <u>200</u>		

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	25	Soil & clay	157	160	Fine sand
25	40	Sandstone & clay	160	165	P. sandstone
40	56	Good sand to small gr., some clay & lime	165	170	Shale
56	65	Sandstone, clay & lime			
65	68	Sticky clay			
68	72	Fine to good sand			
72	74	Lime solid			
74	85	Fine to good sand			
85	87	Lime solid			
87	101	Sandstone, clay & lime			
101	131	Good P. sandstone & fine sand			
131	133	Lime Hard			
133	155	P. sandstone & fine sand			
155	157	Lime solid			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4/21/88</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>425</u> This Water Well Record was completed on (mo/day/yr) <u>4/25/88</u> under the business name of <u>Burton Well Drilling, Inc.</u> by (signature) <u>Ivy Struth</u>

INSTRUCTIONS: Use typewriter or ball point pen, **PLEASE PRESS FIRMLY** and **PRINT** clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.