

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Rawlins</b>		SE 1/4 NE 1/4 SW 1/4	<b>32</b>	T 5 S	R 34 <b>EW</b>
Distance and direction from nearest town or city street address of well if located within city?					

  

2 WATER WELL OWNER: <b>Larsen Farms LTD</b>		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: <b>Rt. 3 Box 204</b>		
City, State, ZIP Code: <b>Colby, Ks. 67701</b>		

  

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <b>193</b> ft. ELEVATION:	
	Depth(s) Groundwater Encountered <b>135</b> ft. 2. ft. 3. ft.	
	WELL'S STATIC WATER LEVEL <b>135</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>193</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 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well <b>Stock Well</b>		
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 _____ No <b>X</b>		

  

5 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <b>X</b> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 <b>PVC</b>	4 ABS	7 Fiberglass		Threaded _____
Blank casing diameter _____ in. to <b>173</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.				
Casing height above land surface _____ in., weight <b>2.870</b> lbs./ft. Wall thickness or gauge No. <b>265</b>				
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 <b>PVC</b>	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)
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 <b>173</b> ft. to <b>193</b> ft. From _____ ft. to _____ ft.				
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>193</b> ft. From _____ ft. to _____ ft.				

  

6 GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 <b>Bentonite</b>	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: <b>NONE</b>		10 Livestock pens	14 Abandoned water well		
1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well	
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage		
Direction from well?		How many feet?			

  

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface	180	191	Med. Sand w/a Few Fine Clay
2	18	Loess			Lenses-Loose
18	26	Clay	191	193	Ochre & Shale
26	55	Clay w/Caliche			
55	80	Med. Sand & Gravel			
80	92	Sandy Clay w/Cemented Sand & Some Sand Strks.			
92	107	Med. Sand & Gravel w/Rocks & Some Clay			
107	119	Cemented Sand w/Clay & Med. Sand Strks.			
119	135	Fine Sand w/Clay Strks.			
135	168	Fine to Med. Sand w/Clay Lyr.			
168	170	Sandy Clay			
170	180	Fine to Med. Sand w/Clay Str.			

  

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/year) <b>12-20-96</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>12-27-96</b>	
under the business name of <b>Woofter Pump &amp; Well, Inc.</b>	by (signature) <i>Ray E. Woofter</i>

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.