

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Rawlins	SE ¼ NW ¼ SW ¼	18	T 5 S	R 34 EW

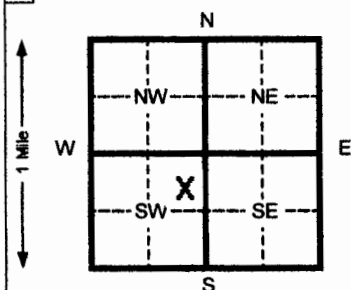
Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Paul Hayden**
 RR#, St. Address, Box #: **308 S 6th St**
 City, State, ZIP Code: **Atwood, KS 67730**

Board of Agriculture, Division of Water Resources

Application Number: **20070014**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **295** 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 **300** 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 wellWas a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr sample was submitted _____Water Well Disinfected? Yes _____ No ☒

5 TYPE OF BLANK CASING USED:

☒ 1 Steel ☐ 3 RMP (SR) ☐ 5 Wrought iron ☐ 8 Concrete tile CASING JOINTS: Glued ☒ Clamped _____
☒ 2 PVC ☐ 4 ABS ☐ 6 Asbestos-Cement ☐ 9 Other (specify below) Welded _____
☐ 7 Fiberglass _____ Threaded _____

Blank casing diameter **4.5** in. to **255** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.Casing height above land surface **18** in., weight **2.38** lbs./ft. Wall thickness or gauge No. **.248**

TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ 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:

☐ 1 Continuous slot ☐ 3 Mill slot ☐ 5 Gauzed wrapped ☒ 8 Saw cut ☐ 11 None (open hole)
☐ 2 Louvered shutter ☐ 4 Key punched ☐ 6 Wire wrapped ☐ 9 Drilled holes ☐ 10 Other (specify) _____
☐ 7 Torch cut

SCREEN-PERFORATED INTERVALS: From **255** ft. to **295** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **295** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ 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) **None**

Direction from well?

How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	184	187	Caliche
2	30		Loess	187	192	Sandstone & caliche (hard)
30	73		Clay	192	210	Clay caliche with sand stone lens
73	95		Sandstone	210	225	Sandstone with caliche lens
95	107		Fine to some med sand	225	236	Sandstone with caliche & fine sand
107	108		Caliche	236	278	Fine sand with sandstone str
108	113		Fine to med sand with caliche	278	283	Clay
113	127		Sandy Clay	283	290	Fine to some med sand
127	135		Fine to med sand	290	300	Black Shale
135	154		Sandstone			
154	170		Fine to med sand w/ clay & Caliche			
170	184		Fine to med sand & some gravel			
			With clay			

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) **1/9/07** 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) **1/16/07**under the business name of **Woofert Pump & Well** by (signature) *Paul Hayden*

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.