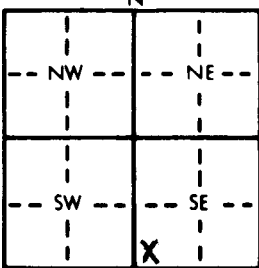


1 LOCATION OF WATER WELL: County: <u>Rawlins</u>		Fraction <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$		Section Number <u>26</u>	Township Number <u>5</u> <u>S</u>	Range Number <u>34</u> <u>EW</u>																																																																																										
Distance and direction from nearest town or city street address of well if located within city? <u>13 miles north 2 1/2 west of Colby, KS.</u>																																																																																																
2 WATER WELL OWNER: RR#, St. Address, Box # : <u>Earl or Betty Larsen Est.</u> <u>40 Inverness Drive East Suite 150</u> City, State, ZIP Code : <u>Englewood, Co. 80112</u>				Board of Agriculture, Division of Water Resources Application Number:																																																																																												
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"></div>		4 DEPTH OF COMPLETED WELL: <u>123</u> ft. ELEVATION: ft. Depth(s) Groundwater Encountered 1. <u>47</u> ft. 2. <u>NA</u> 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 <u>8</u> in. to <u>123</u> 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 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 <u>XX</u> No																																																																																														
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded 7 Fiberglass Threaded Blank casing diameter <u>4.5</u> in. to <u>103</u> ft., Dia in. to ft., Dia in. to ft. Casing height above land surface <u>18</u> in., weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>248</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 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 <u>103</u> 7 Torch cut <u>123</u> 10 Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. From <u>20</u> ft. to <u>123</u> ft., From ft. to ft. GRAVEL PACK INTERVALS: From ft. to 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 <u>0</u> ft. to <u>20</u> 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) Direction from well? <u>NW</u> How many feet? <u>300</u>																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>3</td><td>Top soil</td><td></td><td></td><td></td></tr><tr><td>3</td><td>35</td><td>Clay</td><td></td><td></td><td></td></tr><tr><td>35</td><td>59</td><td>Med. sand</td><td></td><td></td><td></td></tr><tr><td>59</td><td>70</td><td>Caliche</td><td></td><td></td><td></td></tr><tr><td>70</td><td>79</td><td>Clay (gray & sandy)</td><td></td><td></td><td></td></tr><tr><td>79</td><td>85</td><td>Caliche</td><td></td><td></td><td></td></tr><tr><td>85</td><td>87</td><td>Sand</td><td></td><td></td><td></td></tr><tr><td>87</td><td>94</td><td>Caliche</td><td></td><td></td><td></td></tr><tr><td>94</td><td>120</td><td>Med. sand</td><td></td><td></td><td></td></tr><tr><td>120</td><td>122</td><td>Ochre</td><td></td><td></td><td></td></tr><tr><td>122</td><td>123</td><td>Shale</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>							FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	3	Top soil				3	35	Clay				35	59	Med. sand				59	70	Caliche				70	79	Clay (gray & sandy)				79	85	Caliche				85	87	Sand				87	94	Caliche				94	120	Med. sand				120	122	Ochre				122	123	Shale																					
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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) <u>10-27-89</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>394</u> This Water Well Record was completed on (mo/day/yr) <u>11-1-89</u> under the business name of <u>WOOFER PUMP & WELL</u> by (signature) <u>Walter Wootter</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, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.																																																																																																