

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number
County: Rawlins		NE ¼ NW ¼ NE ¼	28		T 5 S	R 35 EW
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Wayne Faber <i>Wayne Faber</i>						
RR#, St. Address, Box #: PO Box 129						
City, State, ZIP Code: Brewster, KS 67732						
Board of Agriculture, Division of Water Resources Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 275 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 9 in. to 275 ft. and _____ in. to _____ ft.				
WELL WATER TO BE USED AS:						
<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feed lot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)						
<input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden (domestic) <input type="checkbox"/> 10 Monitoring well						
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____						
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____						
5 TYPE OF BLANK CASING USED:						
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____						
<input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 7 Fiberglass _____ Welded _____						
<input type="checkbox"/> 5 Wrought Iron <input type="checkbox"/> 8 Concrete tile _____ Threaded _____						
Blank casing diameter 5 in. to 235 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.						
Casing height above land surface 18 in., weight 2.355 lbs./ft. Wall thickness or gauge No. .214						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement						
<input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) _____						
<input type="checkbox"/> 12 None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE:						
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole)						
<input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes						
<input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____						
SCREEN-PERFORATED INTERVALS: From 235 ft. to 275 ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 20 ft. to 275 ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL:						
<input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 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:						
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well						
<input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/ Gas well						
<input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) _____						
<input type="checkbox"/> 13 Insecticide storage none						
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	176	200	Fine & Med Sand w/ Clay Strks
2	6		Loess	200	213	Fine & Med Sand
6	72		Brown Clay	213	236	Fine & Med Sand w/ Clay Strks
72	90		Brown Clay w/ Sand Strks	236	255	Clay
90	100		Fine & Med Sand w/ Clay Strks	255	275	Fine & Med Sands w/ Clay Strks
100	112		Fine & Med Sand w/ Some Grvl			
112	126		Clay w/ Caliche, Sand Strks			
126	133		Cemented Sand w/ Clay Strks			
133	137		Fine & Med Sand w/ Clay Strk			
137	145		Clay, Caliche w/ Sand Strks			
145	153		Fine & Med Sand w/ Clay Strk			
153	160		Clay, Caliche Sand Strks			
160	163		Cemented Sand			
163	176		Clay, Caliche w/ Sand Strks			
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) 12-21-04 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) 12-22-04						
under the business name of Woofert Pump and Well Inc by (signature) <i>Wayne Faber</i>						
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.						

OFFICE USE ONLY

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