

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Rawlins</b>		<b>NW ¼ SE ¼ NE ¼</b>		<b>34</b>		<b>T 5 S</b>		<b>R 35 EW</b>	
Distance and direction from nearest town or city street address of well if located within city?									
2 WATER WELL OWNER: <b>Bruce Casper</b>									
RR#, St. Address, Box #: <b>RR 2, Box 25</b>									
City, State, ZIP Code: <b>Levant, Ks 67743</b>									
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 <b>300</b> ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL <b>188</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>300</b> 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 _____									
Blank casing diameter <b>4.5</b> in. to <b>260</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>248</b>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
<input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) _____									
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 12 None used (open hole)									
<input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS									
SCREEN OR PERFORATION OPENINGS ARE:									
<input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole)									
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes									
<input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From <b>260</b> ft. to <b>300</b> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>300</b> 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 <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:									
<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 <input checked="" type="checkbox"/> none									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	2		Surface	165	175	Caliche w/clay strks			
2	20		Loess	175	183	Caliche & clay w/sand lenses			
20	43		Silt	183	200	Fine to med sd w/caliche & clay strks			
43	85		Clay w/caliche strks	200	209	Clay & caliche w/sand lenses			
85	93		Caliche w/clay lenses	209	220	Fine to med sd w/clay & caliche strks			
93	117		Caliche & clay w/traces of sand	220	250	Fine sand w/clay & caliche lenses			
117	120		Med sd w/small gravel	250	300	Fine sand w/clay strks			
120	131		Fine to med sd w/caliche strks & clay lenses						
131	140		Fine to med sd w/clay & caliche Strks						
140	144		Caliche						
144	165		Fine to med sd w/caliche strks & clay lenses						
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/yr) <b>01-09-08</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>02-01-08</b>									
under the business name of <b>Woofert Pump &amp; Well Inc.</b> by (signature) <i>Jay C. Woofert</i>									
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.									

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