

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number		
County: Rawlins		NW $\frac{1}{4}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$		3		T 5 S		R 36 EW		
Distance and direction from nearest town or city street address of well if located within city?										
2 WATER WELL OWNER: A. B. Fisher										
RR#, St. Address, Box #: HC 2						Board of Agriculture, Division of Water Resources				
City, State, ZIP Code: McDonald, KS						Application Number: 20060484				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 203 ft. ELEVATION:								
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.								
		WELL'S STATIC WATER LEVEL 127 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 214 ft. and _____ in. to _____ ft.								
WELL WATER TO BE USED AS: <input checked="" type="radio"/> Public water supply <input type="radio"/> 8 Air conditioning <input type="radio"/> 11 Injection well										
<input type="radio"/> 1 Domestic <input type="radio"/> 3 Feed lot <input checked="" type="radio"/> 6 Oil field water supply <input type="radio"/> 9 Dewatering <input type="radio"/> 12 Other (Specify below)										
<input type="radio"/> 2 Irrigation <input type="radio"/> 4 Industrial <input type="radio"/> 7 Lawn and garden (domestic) <input type="radio"/> 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:										
1 Steel			3 RMP (SR)		5 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
2 PVC			4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded _____	
					7 Fiberglass				Threaded _____	
Blank casing diameter 4.5 in. to 163 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)		10 Asbestos-cement	
2 Brass			4 Galvanized steel		6 Concrete tile		9 ABS		11 Other (specify)	
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			
					7 Torch cut		10 Other (specify)			
SCREEN-PERFORATED INTERVALS: From 163 ft. to 203 ft. From _____ ft. to _____ ft.										
GRAVEL PACK INTERVALS: From 20 ft. to 203 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	
2 Sewer lines			5 Cess pool			8 Sewage lagoon			11 Fuel storage	
3 Watertight sewer lines			6 Seepage pit			9 Feedyard			12 Fertilizer storage	
									13 Insecticide storage	
									14 Abandoned water well	
									15 Oil well/ Gas well	
									16 Other (specify below)	
									none	
Direction from well? _____ How many feet? _____										
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) 12-22-06 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) 1-5-07 under the business name of Woofert Pump & Well Inc. by (signature) <i>Way C. W. [Signature]</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 66612-1387. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.										