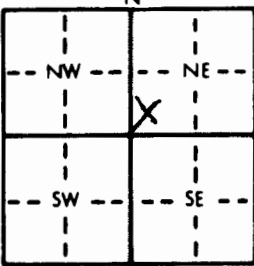


1 LOCATION OF WATER WELL: County: <u>Thomas</u>		Fraction <u>SW 1/4 SW 1/4 NE 1/4</u>		Section Number <u>25</u>	Township Number <u>T 10 S</u>	Range Number <u>R 34 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>17 1/2 Miles, 1/2 mile West of Colby, Kansas</u>						
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code		Ward Dumlér 1310 Lue Dr. Colby, Kansas 67701 Murfin Drilling, Inc. Box 661 Colby, Kansas 67701 Board of Agriculture, Division of Water Resources Application Number: <u>920226</u>				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>140'</u> ft. ELEVATION: _____ ft.				
		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 _____ in. to <u>140'</u> ft., and _____ in. to _____ ft.		WELL WATER TO BE USED AS:				
1 Domestic		3 Feedlot		6 Oil field water supply		9 Dewatering
2 Irrigation		4 Industrial		7 Lawn and garden only		10 Monitoring well
5 Public water supply		8 Air conditioning		11 Injection well		12 Other (Specify below)
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 _____ No <u>X</u> _____						
5 TYPE OF BLANK CASING USED:						
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)
Blank casing diameter <u>4.5</u> in. to <u>120</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass		CASING JOINTS: Glued <u>X</u> _____ Clamped _____		Welded _____
Casing height above land surface <u>18</u> in., weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>.248</u>		10 Asbestos-cement		11 Other (specify) _____		12 None used (open hole)
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC
2 Brass		4 Galvanized steel		6 Concrete tile		8 RMP (SR)
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut		11 None (open hole)
1 Continuous slot		3 Mill slot		9 Drilled holes		10 Other (specify) _____
2 Louvered shutter		4 Key punched		7 Torch cut		
SCREEN-PERFORATED INTERVALS: From <u>120</u> ft. to <u>140</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>140</u> 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
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)
Direction from well? _____ How many feet? _____						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	3	Surface				
3	20	Clay				
20	75	Med. Dark Sand				
75	82	Clay				
82	85	Sandy Caliche & Sand Strks.				
85	97	Med. Sand Strks. & Caliche				
97	102	Hard Caliche				
102	106	Med. Sand				
106	107	Clay				
107	115	Med. to Fine Sand				
115	134	Med. Sand				
134	140	Ochre				
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/year) <u>7-6-92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>7-8-92</u> under the business name of <u>WOOFER PUMP & WELL, INC.</u> by (signature) <u>Jay Woofler</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 two 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.						