

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Haskell</b>		<b>NE 1/4 SW 1/4 SW 1/4</b>		<b>33</b>		<b>T 30 S</b>		<b>R 33 EW</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>7 Miles South, 4 West, 2 1/4 North of Sublette</b>									
2 WATER WELL OWNER:		<b>Peggy J. Homsher Murfin Drilling, Inc.</b>							
RR#, St. Address, Box # :		<b>750 7th St. Box 661</b>				Board of Agriculture, Division of Water Resources			
City, State, ZIP Code :		<b>Bolder, Colo. 80302 Colby, Ks. 67701</b>				Application Number: <b>930277</b>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>340</b> ft. ELEVATION: .....							
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.							
		WELL'S STATIC WATER LEVEL .... <b>247</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>340</b> 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 <b>X</b> .....; If yes, mo/day/yr sample was submitted							
		Water Well Disinfected? Yes ..... No <b>X</b> .....							
5 TYPE OF BLANK CASING USED:		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <b>X</b> ... Clamped .....							
1 Steel 3 RMP (SR)		6 Asbestos-Cement 9 Other (specify below) Welded .....							
2 PVC 4 ABS		7 Fiberglass ..... Threaded .....							
Blank casing diameter .... <b>4.5</b> in. to .... <b>280</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:		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 7 Torch cut 10 Other (specify) .....							
SCREEN-PERFORATED INTERVALS: From .... <b>280</b> ft. to .... <b>340</b> ft., From .... ft. to .... ft.		From .... ft. to .... ft., From .... ft. to .... ft.							
GRAVEL PACK INTERVALS: From .... <b>20</b> ft. to .... <b>340</b> 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 .... <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:							
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)		13 Insecticide storage							
Direction from well? <b>SW</b>		How many feet? <b>150'</b>							
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
0 3 Surface		275 279 Caliche							
3 64 Clay		279 288 Clay, Caliche & Sand Strks.							
64 74 Sandy Clay w/few Caliche Str.		288 290 Sand							
74 77 Fine Sand		290 293 Clay & Caliche							
77 89 Red Sandy Clay		293 296 Sand w/Caliche Strks.							
89 101 Sandy Clay w/Sand Strks.		296 300 Med. Sand							
101 164 Med. Sand & Gravel W/some fine		300 306 Sand w/Clay & Caliche Strks.							
164 169 Clay Clay Lyrs.		306 325 Sandy & Clay Strks.							
169 181 Sand w/Clay Layers		325 335 Ochre							
181 184 Caliche		335 340 Shale							
184 194 Sand w/Clay Strks.									
194 196 Clay									
196 239 Med. Sand w/Clay Lyrs									
239 263 Med. Sand w/Clay Lyrs									
263 275 Sandy Clay w/Caliche & Sand Strks.									
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) .... <b>8-16-93</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>8-20-93</b> .... under the business name of <b>Woofert Pump &amp; Well, Inc.</b> by (signature) <i>Jay C. Woofert</i>									
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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									