

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Decatur		NW $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$		33		T 5 S		R 29 E/W	
Distance and direction from nearest town or city street address of well if located within city?									

2 WATER WELL OWNER: Joseph Trembley									
RR#, St. Address, Box # : 1040 Villa Vista Drive									
City, State, ZIP Code : Colby, Ks 67701									
Board of Agriculture, Division of Water Resources Application Number: 20080528									

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 120 ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL NA 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 120 ft. and _____ in. to _____ ft.							
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well									
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____									
Water Well Disinfected? Yes X No _____									

5 TYPE OF BLANK CASING USED:									
1 Steel		3 RMP (SR)		5 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued X Clamped _____	
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded _____	
				7 Fiberglass				Threaded _____	
Blank casing diameter 4.5 in. to 80 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		7 PVC		10 Asbestos-cement	
2 Brass		4 Galvanized steel		6 Concrete tile		8 RMP (SR)		11 Other (specify)	
						9 ABS		12 None used (open hole)	
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 80 ft. to 120 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 20 ft. to 120 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 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		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		None	
Direction from well? _____ How many feet? _____									

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			
2	10		Loess			
10	15		Fine sand & silt			
15	24		Fine & med sand			
24	43		Sandstone w/caliche strks			
43	51		Fine sand w/clay & caliche strks			
51	60		Clay & caliche w/sand lenses			
60	92		Fine & med sand			
92	105		Fine & med sand w/yellow Ochre strks			
105	113		Fine sand w/ochre lenses			
113	120		Yellow ochre/Black shale			

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) 12/02/08 and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 783 This Water Well Record was completed on (mo/day/yr) 12-8-08									
under the business name of Woofter Pump & Well Inc. by (signature)									
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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