

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>THOMAS</u>		<u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ $\frac{1}{4}$	<u>7</u>	T <u>7</u> S	R <u>31</u> EW <u>(1)</u>
Distance and direction from nearest town or city street address of well if located within city? <u>6 mi NE GEM, KS</u>					
2 WATER WELL OWNER: <u>W.F. COOPER TRUST</u>					
RR#, St. Address, Box # : <u>P.O. Box 566</u>					
City, State, ZIP Code : <u>Colby, KS 67701</u>					
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: <u>185</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>NA</u> ft. 2. <u>NA</u> ft. 3. <u>NA</u> ft.			
		WELL'S STATIC WATER LEVEL <u>130</u> ft. below land surface measured on mo/day/yr <u>11-9-88</u>			
		Pump test data: Well water was <u>NA</u> ft. after <u>NA</u> hours pumping <u>NA</u> gpm			
		Est. Yield <u>NA</u> gpm: Well water was <u>NA</u> ft. after <u>NA</u> hours pumping <u>NA</u> gpm			
Bore Hole Diameter <u>NA</u> in. to <u>NA</u> ft. and <u>NA</u> in. to <u>NA</u> ft.					
WELL WATER TO BE USED AS:					
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes <u>NA</u> No <u>NA</u> ; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <u>NA</u> No <u>NA</u>					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>NA</u> Clamped <u>NA</u> <input checked="" type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded <u>NA</u> Blank casing diameter <u>4</u> in. to <u>NA</u> ft., Dia. <u>NA</u> in. to <u>NA</u> ft., Dia. <u>NA</u> in. to <u>NA</u> ft. Casing height <u>Below</u> land surface <u>3</u> in., weight <u>NA</u> lbs./ft. Wall thickness or gauge No. <u>NA</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) <u>NA</u> 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) <u>NA</u> SCREEN-PERFORATED INTERVALS: From <u>NA</u> ft. to <u>NA</u> ft., From <u>NA</u> ft. to <u>NA</u> ft., From <u>NA</u> ft. to <u>NA</u> ft. GRAVEL PACK INTERVALS: From <u>NA</u> ft. to <u>NA</u> ft., From <u>NA</u> ft. to <u>NA</u> ft., From <u>NA</u> ft. to <u>NA</u> ft.					
6 GROUT MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other <u>NA</u>					
Grout Intervals: From <u>15</u> ft. to <u>10</u> ft., From <u>10</u> ft. to <u>3</u> ft., From <u>3</u> ft. to <u>NA</u> ft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage <input checked="" type="checkbox"/> Other (specify below) <u>NONE</u>					
Direction from well? <u>NA</u> How many feet? <u>NA</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			<u>185</u>	<u>120</u>	<u>Washed Sand</u>
			<u>120</u>	<u>15</u>	<u>Clay</u>
			<u>15</u>	<u>10</u>	<u>Bentonite</u>
			<u>10</u>	<u>3</u>	<u>Cement Grout</u>
			<u>3</u>	<u>0</u>	<u>Compacted Clay + Topsoil</u>
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or <input checked="" type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>11-9-88</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>NA</u> This Water Well Record was completed on (mo/day/yr) <u>11/11/88</u> under the business name of <u>NA</u> by (signature) <u>W.F. Cooper</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 top three copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.					

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