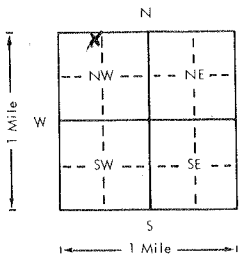


LOCATION OF WATER WELL		Fraction				Section Number		Township Number			Range Number																																																																								
County: <u>Thomas</u>		NE 1/4 NW 1/4 NW 1/4				14		T 7 S			R 32 EW																																																																								
Distance and direction from nearest town or city? <u>Gem 1 1/4 East; 2 North</u>						Street address of well if located within city? <u>N/A</u>																																																																													
WATER WELL OWNER: <u>Ron Higerd</u>						Board of Agriculture, Division of Water Resources																																																																													
R#, St. Address, Box # : <u>Rt. 1</u>						Application Number: <u>33,166</u>																																																																													
City, State, ZIP Code : <u>Colby, KS 67701</u>																																																																																			
DEPTH OF COMPLETED WELL: <u>200</u> ft. Bore Hole Diameter: <u>30</u> in. to <u>200</u> ft., and _____ in. to _____ ft.																																																																																			
Well Water to be used as:																																																																																			
1 Domestic		3 Feedlot		5 Public water supply		8 Air conditioning		11 Injection well																																																																											
2 Irrigation		4 Industrial		6 Oil field water supply		9 Dewatering		12 Other (Specify below)																																																																											
				7 Lawn and garden only		10 Observation well																																																																													
Well's static water level: <u>111</u> ft. below land surface measured on _____ month _____ day _____ year																																																																																			
Pump Test Data: Well water was <u>153</u> ft. after <u>1 1/2</u> hours pumping <u>1115</u> gpm																																																																																			
Test Yield <u>1250</u> gpm: Well water was <u>137</u> ft. after <u>3</u> hours pumping <u>654</u> gpm																																																																																			
TYPE OF BLANK CASING USED:																																																																																			
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile		Casing Joints: Glued _____ Clamped _____																																																																											
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded _____																																																																											
				7 Fiberglass				Threaded _____																																																																											
Blank casing dia: <u>16</u> in. to <u>130</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																																																																			
Casing height above land surface: <u>12</u> in., weight <u>32</u> lbs./ft. Wall thickness or gauge No. <u>188</u>																																																																																			
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)																																																																											
								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-Perforation Dia: <u>16</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																																																																			
Screen-Perforated Intervals: 4 From <u>130</u> ft. to <u>190</u> ft., From _____ ft. to _____ ft.																																																																																			
6 From <u>190</u> ft. to <u>200</u> ft., From _____ ft. to _____ ft.																																																																																			
Travel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																																			
From <u>10</u> ft. to <u>200</u> ft., From _____ ft. to _____ ft.																																																																																			
GROUT MATERIAL:																																																																																			
1 Neat cement		2 Cement grout		3 Bentonite		4 Other <u>Concrete</u>																																																																													
Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft.																																																																																			
What is the nearest source of possible contamination:																																																																																			
1 Septic tank		4 Cess pool		7 Sewage lagoon		10 Fuel storage		14 Abandoned water well																																																																											
2 Sewer lines		5 Seepage pit		8 Feed yard		11 Fertilizer storage		15 Oil well/Gas well																																																																											
3 Lateral lines		6 Pit privy		9 Livestock pens		12 Insecticide storage		16 Other (specify below)																																																																											
						13 Watertight sewer lines		Farmstead																																																																											
Direction from well: <u>West</u> How many feet: <u>6000</u> ? Water Well Disinfected? Yes _____ No <u>X</u>																																																																																			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, date sample _____																																																																																			
Was submitted _____ month _____ day _____ year: Pump Installed? Yes <u>X</u> No _____																																																																																			
Yes: Pump Manufacturer's name: <u>Floway</u> Model No. <u>11 st 10DOH</u> HP <u>83</u> Volts _____																																																																																			
Depth of Pump Intake: <u>180</u> ft. Pumps Capacity rated at _____ gal./min.																																																																																			
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other																																																																																			
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year																																																																																			
And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>245</u>																																																																																			
This Water Well Record was completed on _____ month _____ day _____ year under the business																																																																																			
Name of _____ by (signature) <u>Roy F. Senior</u>																																																																																			
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:																																																																																			
																																																																																			
ELEVATION:																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>45</td> <td>Clay</td> <td>186</td> <td>187</td> <td>Sandstone</td> </tr> <tr> <td>45</td> <td>55</td> <td>Sand &amp; Gravel</td> <td>187</td> <td>197</td> <td>Coarse Sand &amp; Gravel</td> </tr> <tr> <td>55</td> <td>72</td> <td>Clay</td> <td>197</td> <td>210</td> <td>Ochre &amp; Shale</td> </tr> <tr> <td>72</td> <td>97</td> <td>Sand, Gravel &amp; Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>97</td> <td>135</td> <td>Clay, Sandy Clay, Cemented St.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>135</td> <td>153</td> <td>Coarse Sand &amp; Gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>153</td> <td>156</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>156</td> <td>158</td> <td>Sandstone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>158</td> <td>171</td> <td>Coarse Sand &amp; Gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>171</td> <td>176</td> <td>Coarse Sand, Gr. &amp; Sandstone ST.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>176</td> <td>186</td> <td>Coarse Sand &amp; Gravel</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>												FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	0	45	Clay	186	187	Sandstone	45	55	Sand & Gravel	187	197	Coarse Sand & Gravel	55	72	Clay	197	210	Ochre & Shale	72	97	Sand, Gravel & Clay				97	135	Clay, Sandy Clay, Cemented St.				135	153	Coarse Sand & Gravel				153	156	Clay				156	158	Sandstone				158	171	Coarse Sand & Gravel				171	176	Coarse Sand, Gr. & Sandstone ST.				176	186	Coarse Sand & Gravel			
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Depth(s) Groundwater Encountered 1. \_\_\_\_\_ ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft. 4. \_\_\_\_\_ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.