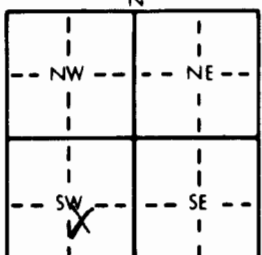


1 LOCATION OF WATER WELL: County: <u>Thomas</u> Fraction <u>NW 1/4 SE 1/4 SW 1/4</u> Section Number <u>31</u> Township Number <u>T 7 S</u> Range Number <u>R 33 EW</u>					
Distance and direction from nearest town or city street address of well if located within city? <u>COASTAL HART #1361 315 W. 4th Colby, Kansas</u> <u>MW-3</u>					
2 WATER WELL OWNER: <u>RAY BRIGGS/COASTAL HART, INC.</u> RR#, St. Address, Box #: <u>303 KESANGUA WAY</u> City, State, ZIP Code: <u>Des Moines, Iowa 50306</u> Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N W E S	4 DEPTH OF COMPLETED WELL: <u>123.0</u> ft. ELEVATION: _____ ft. Depth(s) Groundwater Encountered 1. <u>106</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>106</u> ft. below land surface measured on mo/day/yr <u>5-18-95</u> 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 _____ 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 <u>10 Monitoring well</u> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>_____</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <u>_____</u>				
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____ 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-PERFORATED INTERVALS: From _____ ft. to <u>123</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ 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 <u>2.25</u> ft. to <u>86</u> ft., From <u>2.25</u> 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? <u>SOUTHWEST</u> How many feet? <u>70</u>					
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
0' 1.0'	1.0' 28.0'	Topsoil			
1.0' 28.0'	28.0' 33.0'	Silt, pale yellowish brown, soft, damp			
28.0' 33.0'	33.0' 38.0'	Silt, pale yellowish brown, soft, damp			
33.0' 38.0'	38.0' 50.0'	Silt, clay, very fine sand, brown, damp			
38.0' 50.0'	50.0' 70.0'	Sand, fine to coarse, brown, damp			
50.0' 70.0'	70.0' 78.0'	Sand, fine, brown, moist			
70.0' 78.0'	78.0' 88.0'	Sand, coarse, well graded, brown, moist			
78.0' 88.0'	88.0' 123.0'	Clayey sand, fine to medium, brown, moist			
88.0' 123.0'		Clay sand, fine, moderate brown, moist			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) <u>reconstructed</u> , or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-15-95</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>438</u> This Water Well Record was completed on (mo/day/yr) _____ under the business name of <u>Hubbardson</u> by (signature) <u>Bernie Tume</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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