

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Thomas		NW 1/4 NE 1/4 SW 1/4	31	T 7 S	R 33 E
Distance and direction from nearest town or city street address of well if located within city? Lot 5, Block 1, Barnett Subd.					
2 WATER WELL OWNER: Bernice Curtin					
RR#, St. Address, Box #: 1630 Sewell Ave					
City, State, ZIP Code: Colby, KS 67701					
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 228 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 154 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 235 ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well			
		<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought Iron	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		8 Concrete tile	
		7 Fiberglass		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
				Welded _____	
				Threaded _____	
Blank casing diameter 4.5 in. to 188 ft. Dia		in. to _____ ft. Dia		in. to _____ ft. Dia	
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	
<input checked="" type="checkbox"/> 2 Brass		4 Galvanized steel		8 RMP (SR)	
		6 Concrete tile		9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				<input checked="" type="checkbox"/> 8 Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS:					
From 188 ft. to 228 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:					
From 20 ft. to 228 ft.		From _____ ft. to _____ ft.		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		<input checked="" type="checkbox"/> 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below) none	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface	146	174
2	30		Loess	174	186
30	39		Clay	186	203
39	41		Chert	203	210
41	55		Clay & caliche	210	215
55	84		Fine to med sd w/clay strk	215	225
84	87		Clay	225	233
87	106		Fine to med sd & gravel w/clay	233	235
			Lens		
106	111		Sandy clay		
111	122		Fine to med sand		
122	136		Clay		
136	143		Fine to med sand		
143	146		Cemented sand		
				PLUGGING INTERVALS	
				Fine to med sand	
				Sandstone	
				Sandy clay, caliche w/sandstone	
				Fine to med sd w/caliche lens	
				Caliche (hard)	
				Fine to med sand	
				Yellow ochre	
				Black shale	
				RECENT	
				SEP 27 2004	
				BUREAU OF WATER	
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) 8-12-04 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 9-3-04					
under the business name of Woofert Pump & Well, Inc. by (signature) <i>[Signature]</i>					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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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