

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <b>Thomas</b>		<b>SE 1/4 SE 1/4 NW 1/4</b>	<b>30</b>	<b>T 7 S</b>	<b>R 33 E</b>
Distance and direction from nearest town or city street address of well if located within city?					
<b>2 WATER WELL OWNER: Tuffy Taylor</b>					
RR#, St. Address, Box # : <b>1240 Lue Dr.</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Colby, Ks. 67701</b>			Application Number:		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL</b> <b>194</b> ft. <b>ELEVATION:</b>			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <b>105</b> 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 <b>8</b> in. to <b>194</b> 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 _____					
<b>5 TYPE OF BLANK CASING USED:</b>					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<input checked="" type="checkbox"/> 2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below) _____	Welded _____
Blank casing diameter <b>5</b> in. to <b>15 1/4</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass	Threaded _____		
Casing height above land surface <b>18</b> in., weight <b>2.355</b> lbs./ft. Wall thickness or gauge No. <b>.214</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> 7 PVC 10 Asbestos-cement					
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) _____
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	<input checked="" type="checkbox"/> 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 <b>154</b> ft. to <b>194</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>194</b> 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 <b>0</b> ft. to <b>20</b> 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	<b>None</b>
Direction from well?			How many feet?		
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface	133	152
2	17		Loess		
17	30		Clay	152	155
30	53		Clay & caliche str	155	160
53	61		Fine to med sand w/ clay &	160	166
			Caliche str	166	175
61	73		Clay	175	186
73	80		Fine to med. Sand	186	190
80	86		Clay	190	194
86	93		Clay w/ a few sand str		
93	102		Clay w/ caliche str		
102	122		Fine to med. Sand w/ clay lens		
122	128		Sandy clay w/ caliche str		
128	133		caliche		
				PLUGGING INTERVALS	
				Fine to some med sand w/ sandy clay	
				Str	
				Caliche	
				Sandy clay & caliche	
				Fine sand	
				Sandy clay	
				Fine sand w/ sandy clay str	
				Fine to med. Sand	
				Yellow ochre	
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>6/2/05</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>554</b>			This Water Well Record was completed on (mo/day/yr) <b>7/22/05</b>		
under the business name of <b>Woofter Pump &amp; Well Inc.</b>			by (signature) <i>Jan G. Woofter</i>		
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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