

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Thomas		SW 1/4 SW 1/4 NW 1/4	31	T 7 S	R 133 E
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Brent Wiedeman					
RR#, St. Address, Box # : 220 E Cherry			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Colby, Ks 67701			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 240 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL na 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 237 ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well					
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 X If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes X No _____					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued X Clamped
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass			Threaded _____
Blank casing diameter 4.5 in. to 200 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
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	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	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 200 ft. to 240 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 20 ft. to 240 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 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	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	none
Direction from well?			How many feet?		
FROM	TO	CODE	LITHOLOGIC LOG		PLUGGING INTERVALS
0	2		Surface	141	146 Sandstone
2	21		Loess	146	152 Fine to some med sd w/lots of clay
21	29		Clay & caliche		& caliche strks
29	47		Gravel w/caliche strks	152	158 Sandstone
47	53		Sandstone & caliche	158	172 Caliche
53	61		Clay & caliche	172	178 Fine to med sd & grave w/caliche lens
61	79		Clay	178	182 Caliche
79	83		Fine to some med sand	182	190 Fine to med sand
83	107		Clay	190	195 Caliche
107	109		Caliche	195	208 Fine to med sd -208 - 211 - clay
109	115		Fine to some med sand	211	221 Fine to some sd - sand w/clay strks
115	127		Clay & caliche	221	230 Clay caliche
127	141		Fine to med sd w/caliche w/clay lens	230	237 Fine to med sand
				237	Yellow ochre
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) 2-23-06 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) 3-03-06		
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, 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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