

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Thomas		NW ¼ SW ¼ SE ¼	31	T 7 S	R 33
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Pyramid Oil					
RR#, St. Address, Box # : 190 West 4th St			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 125 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL _____ 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 127 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 _____ No X			
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 2 PVC 4 ABS		5 Wrought Iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below)		CASING JOINTS: Glued X Clamped _____	
Blank casing diameter 4 in. to 95 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface -5 in., weight 2.071 lbs./ft. Wall thickness or gauge No. .237			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 2 Brass 4 Galvanized steel 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 2 Louvered shutter 4 Key punched		5 Gauzed wrapped 8 Saw cut 11 None (open hole) 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From 95 ft. to 125 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 93 ft. to 125 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals From 0 ft. to 93 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 14 Abandoned water well 11 Fuel storage 15 Oil well/ Gas well 12 Fertilizer storage 16 Other (specify below) _____ 13 Insecticide storage			
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	6"		Cement		
6"	12		Loess	113	127
12	34		Clay w/caliche lenses		
34	42		Fine to some med sand w/clay		
			Strks & caliche lenses		
42	51		Clay w/caliche lenses		
51	55		Clay & caliche w/sand lenses		
55	70		Fine to some med sand s/clay		
			& caliche lenses		
70	80		Fine & med sand w/clay &		
			Caliche strks		
80	88		Fine & med sand w/clay &		
			Caliche lenses		
88	113		Fine & med sand w/clay &		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) <u>reconstructed</u> , or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 1/22/09 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 783		This Water Well Record was completed on (mo/day/yr) 2/03/09			
under the business name of Woofter 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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