

<b>1 LOCATION OF WATER WELL:</b>		Fraction <u>SE 1/4 SE 1/4 NE 1/4</u>		Section Number <u>27</u>		Township Number <u>T 7 S</u>		Range Number <u>R 33 EW</u>	
County: <u>Thomas</u>									
Distance and direction from nearest town or city street address of well if located within city?									
<b>2 WATER WELL OWNER:</b> <u>Harlon Sloan</u>									
RR#, St. Address, Box #: <u>Rt 1 Box 720</u>									
City, State, ZIP Code: <u>Colby KS 67701</u>									
Board of Agriculture, Division of Water Resources									
Application Number:									
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>55</u> ft. <b>ELEVATION:</b> <u>3-1-90</u>							
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.							
		WELL'S STATIC WATER LEVEL <u>45</u> ft. below land surface measured on mo/day/yr <u>3-1-90</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:							
		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Air conditioning <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)							
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was sub- mitted _____							
		Water Well Disinfected? Yes _____ No _____							
<b>5 TYPE OF BLANK CASING USED:</b>		<b>CASING JOINTS:</b> Glued _____ Clamped _____							
<input checked="" type="checkbox"/> Steel <input type="checkbox"/> RMP (SR)		<input type="checkbox"/> Welded _____							
<input type="checkbox"/> PVC <input type="checkbox"/> ABS		<input type="checkbox"/> Threaded _____							
Blank casing diameter <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface <u>6</u> Below Pit Floor weight _____ lbs./ft. Wall thickness or gauge No. _____							
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>		<input type="checkbox"/> Steel <input type="checkbox"/> Stainless steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> ABS <input type="checkbox"/> None used (open hole)							
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>		<input type="checkbox"/> Gauzed wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> None (open hole) <input type="checkbox"/> Continuous slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Drilled holes <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Torch cut <input type="checkbox"/> Other (specify) _____							
<b>SCREEN-PERFORATED INTERVALS:</b>		From _____ ft. to _____ ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
<b>GRAVEL PACK INTERVALS:</b>		From _____ ft. to _____ ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
<b>6 GROUT MATERIAL:</b>		<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____							
Grout Intervals: From <u>30</u> ft. to <u>26</u> ft., From <u>12</u> ft. to <u>10</u> ft., From <u>7</u> ft. to <u>0</u> ft.		<input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Livestock pens <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Fuel storage <input type="checkbox"/> Oil well/Gas well <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cess pool <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Other (specify below) _____ <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below) _____							
What is the nearest source of possible contamination:		<input type="checkbox"/> Pit privy <input type="checkbox"/> Fuel storage <input type="checkbox"/> Oil well/Gas well <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Other (specify below) _____ <input type="checkbox"/> Feedyard <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below) _____							
Direction from well?		How many feet? <u>120'</u> <u>South</u>							
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS			
				55	35	Washed Sand			
				35	30	Clay			
				30	26	Bentonite			
				26	12	Clay			
				12	10	Bentonite			
				10	7	Clay			
				7	0	(Pit Floor) Cement Grout			
APR 30 1990									
DIVISION OF									
<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/year) <u>3-1-90</u> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <u>3-2-90</u>									
under the business name of _____ by (signature) <u>Harlon Sloan</u>									

OFFICE USE ONLY

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EW

SEC.

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