

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Thomas</b>		<b>NE 1/4 SW 1/4 SE 1/4</b>	<b>31</b>	<b>T 7 S</b>	<b>R 33 EW</b>
Distance and direction from nearest town or city street address of well if located within city?					
<b>405 East 4th, Colby, Kansas</b>					
2 WATER WELL OWNER: <b>Hi Plains Cooperative Association</b>					
RR#, St. Address, Box # : <b>405 East 4th</b>			Board of Agriculture, Division of Water Resources:		
City, State, ZIP Code : <b>Colby, Kansas 67701</b>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>75</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <b>NA</b> ft. 2. <b>NA</b> ft. 3. <b>NA</b> ft.			
		WELL'S STATIC WATER LEVEL <b>NA</b> ft. below land surface measured on mo/day/yr <b>NA</b>			
		Pump test data: Well water was <b>NA</b> ft. after <b>NA</b> hours pumping <b>NA</b> gpm			
		Est. Yield <b>NA</b> gpm: Well water was <b>NA</b> ft. after <b>NA</b> hours pumping <b>NA</b> gpm			
		Bore Hole Diameter <b>8</b> in. to <b>7.5</b> in. and <b>NA</b> in. to <b>NA</b> in.			
WELL WATER TO BE USED AS:		5 Public water supply    8 Air conditioning    11 Injection well 1 Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) <b>VEW</b> 2 Irrigation    4 Industrial    7 Lawn and garden only    10 Monitoring well			
Was a chemical/bacteriological sample submitted to Department? Yes <b>X</b> No <b>NA</b>		If yes, mo/day/yr sample was submitted <b>NA</b>			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <b>NA</b> Clamped <b>NA</b>			
1 Steel    3 RMP (SR)		5 Wrought iron    8 Concrete tile			
2 <b>PVC</b> 4 ABS		6 Asbestos-Cement    9 Other (specify below)			
Blank casing diameter <b>2</b> in. to <b>6.5</b> in. Dia <b>NA</b> in. to <b>NA</b> in. Dia <b>NA</b> in. to <b>NA</b> in.		7 Fiberglass    10 Asbestos-cement			
Casing height above land surface <b>0</b> in., weight <b>NA</b> lbs./ft. Wall thickness or gauge No. <b>sch. 40</b>		8 RMP (SR)    11 Other (specify)			
TYPE OF SCREEN OR PERFORATION MATERIAL:		9 ABS    12 None used (open hole)			
1 Steel    3 Stainless steel    5 Fiberglass		SCREEN OR PERFORATION OPENINGS ARE:			
2 Brass    4 Galvanized steel    6 Concrete tile		5 Gauzed wrapped    8 Saw cut    11 None (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		6 Wire wrapped    9 Drilled holes			
1 Continuous slot    3 <b>Mill slot</b> 7 Torch cut		10 Other (specify)			
2 Louvered shutter    4 Key punched		SCREEN-PERFORATED INTERVALS: From <b>65</b> ft. to <b>75</b> ft. From <b>NA</b> ft. to <b>NA</b> ft.			
GRAVEL PACK INTERVALS: From <b>63</b> ft. to <b>75</b> ft. From <b>NA</b> ft. to <b>NA</b> ft.		From <b>NA</b> ft. to <b>NA</b> ft. From <b>NA</b> ft. to <b>NA</b> ft.			
6 GROUT MATERIAL:		4 Other			
1 Neat cement    2 <b>Cement grout</b> 3 <b>Bentonite</b>		Grout Intervals: From <b>0</b> ft. to <b>60</b> ft. From <b>60</b> ft. to <b>63</b> ft. From <b>NA</b> ft. to <b>NA</b> ft.			
What is the nearest source of possible contamination:		10 Livestock pens    14 Abandoned water well			
1 Septic tank    4 Lateral lines    7 Pit privy		11 <b>Fuel storage</b> 15 Oil well/Gas well			
2 Sewer lines    5 Cess pool    8 Sewage lagoon		12 Fertilizer storage    16 Other (specify below)			
3 Watertight sewer lines    6 Seepage pit    9 Feedyard		13 Insecticide storage			
Direction from well? <b>North</b>		How many feet? <b>20</b>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6"	Concrete			
6"	3'	Dark brown clay			
3'	43'	Light brown clay			
43'	47'	Light gray brown clay			
47'	53'	Red brown clay			
53'	65'	Very fine to fine sand			
65'	75'	Fine to coarse sand			
VOBW2S Flushmount					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>12-01-94</b> and this record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No. <b>527</b> This Water Well Record was completed on (mo/day/yr) <b>12-16-94</b> under the business name of <b>GebCore Services, Inc.</b> by (signature) <i>Don R. Bell</i>					
INSTRUCTIONS Use typewriter or ball point pen PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top 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.					