

1 LOCATION OF WATER WELL: County: Thomas		Fraction NE ¼ SW ¼ SE ¼	Section Number 31	Township Number T 7 S	Range Number R 33 E W
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: Hi Plains Cooperative Association RR#, St. Address, Box #: 405 East 4th City, State, ZIP Code : Colby, Kansas 67701 Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align:center;">N W      E S      X SE</div>		4 DEPTH OF COMPLETED WELL ..... 115 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..... 10....in. to .... 120....ft., and.....in. to .....ft. 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) 2 Irrigation 4 Industrial 7 Lawn and garden only 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 Blank casing diameter ..... 4....in. to ..... 95....ft., Dia .....in. to .....ft., Dia .....in. to .....ft. Casing height above land surface ..... 0....in., weight ..... lbs./ft. Wall thickness or gauge No. ....		TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 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 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 ..... 115....ft., From .....ft. to .....ft.					
GRAVEL PACK INTERVALS: From ..... 92....ft. to ..... 120....ft., From .....ft. to .....ft.					
FROM .....ft. TO .....ft.					
6 GROUT MATERIAL: 1 Neat cement ② Cement grout ③ Bentonite 4 Other Grout intervals: From ..... 0....ft. to ..... 90....ft., From ..... 90....ft. to ..... 93....ft., From .....ft. to .....ft.					
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy ⑪ Fuel storage 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) Direction from well? Southwest How many feet? 200					
LITHOLOGIC LOG			PLUGGING INTERVALS		
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3'	Dark brown clay			
3	49	Light brown clay			
49	57	Medium to coarse sand			
57	99	Sand & gravel			
99	102	Silty sandy clay			
102	110	Sand & gravel			
110	120	Silty sandy clay			
					MW12 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) ..... 12-02-94 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) ..... 12-16-94 ..... under the business name of GebCore Services, Inc. by (signature) Dan Alf					
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.					