

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Thomas</b>		<b>SW 1/4 NE 1/4 NE 1/4</b>	<b>36</b>	<b>T 7 S</b>	<b>R 34 EW</b>
Distance and direction from nearest town or city street address of well if located within city? <b>North of Colby</b>					
2 WATER WELL OWNER: <b>Mike Wiens</b>					
RR#, St. Address, Box # : <b>150 E. Ash</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Colby, KS 67701</b>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>185</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <b>101</b> 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 <b>8</b> in. to <b>185</b> 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 <b>X</b> ..... If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes ..... No <b>X</b> .....					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <b>4.5</b> in. to <b>145</b> ft., Dia				8 Concrete tile	
Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>248</b>				9 Other (specify below)	
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC		10 Asbestos-cement	
1 Steel		3 Stainless steel		8 RMP (SR)	
2 Brass		4 Galvanized steel		9 ABS	
3 Fiberglass		5 Fiberglass		11 Other (specify) .....	
6 Concrete tile		9 ABS		12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		6 Wire wrapped		9 Drilled holes	
2 Louvered shutter		7 Torch cut		10 Other (specify) .....	
4 Key punched				11 None (open hole)	
SCREEN-PERFORATED INTERVALS:		From <b>145</b> ft. to <b>185</b> ft., From		ft. to	
		From		ft. to	
GRAVEL PACK INTERVALS:		From <b>20</b> ft. to <b>185</b> ft., From		ft. to	
		From		ft. to	
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
4 Other					
Grout Intervals: From <b>0</b> ft. to <b>20</b> ft., From		ft. to		ft. to	
What is the nearest source of possible contamination:		NONE		10 Livestock pens	
1 Septic tank		4 Lateral lines		11 Fuel storage	
2 Sewer lines		5 Cess pool		12 Fertilizer storage	
3 Watertight sewer lines		6 Seepage pit		13 Insecticide storage	
		7 Pit privy		14 Abandoned water well	
		8 Sewage lagoon		15 Oil well/Gas well	
		9 Feedyard		16 Other (specify below)	
Direction from well? How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface	180	185	Med. Sand
2	20	Loess		185	Ochre & Shale
20	58	Clay & Caliche			
58	64	Med. Sand & Gravel w/Clay			
64	76	Sticky Clay			
76	81	Sandy Clay w/Caliche Strks.			
81	90	Med. Sand w/Clay			
90	101	Sandy Clay w/Caliche&S.Sand			
101	120	Med. Sand & Gravel w/Clay Lyr			
120	135	Med. Sand w/Clay			
135	151	Cemented Sand w/Clay &S.Sand			
151	157	Med. Sand w/Cemented Strks.			
157	158	Cemented Sand			
158	169	Med. Sand w/Cem. Strks.			
169	180	Sandy Clay w/Caliche &S.Sand			
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>4-28-97</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>5-14-97</b> under the business name of <b>Woofert Pump &amp; Well, Inc.</b> by (signature) <b>Gay L. Woofert</b>					
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.					

OFFICE USE ONLY

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