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|--|------------|--|--|-------------------------|---------------------------------------|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
| County: Thomas | | NE ¼ SW ¼ NE ¼ | 36 | T 7 S | R 34 E/W |
| Distance and direction from nearest town or city street address of well if located within city? Lot 17—Block 3 of El Chaparrel Division—Colby, KS 67701 | | | | | |
| 2 WATER WELL OWNER: Randy Smith | | | | | |
| RR#, St. Address, Box #: 575 LaHacienda | | | 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 195 ft. ELEVATION: | | | |
| | | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. | | | |
| | | WELL'S STATIC WATER LEVEL NA 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 195 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 X No | | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | |
| 1 Steel | | 3 RMP (SR) | 5 Wrought iron | 8 Concrete tile | CASING JOINTS: Glued X Clamped |
| ② PVC | | 4 ABS | 6 Asbestos-Cement | 9 Other (specify below) | Welded |
| | | | 7 Fiberglass | | Threaded |
| Blank casing diameter 4.5 in. to 155 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. | | | | | |
| Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. .248 | | | | | |
| 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 | 11 Other (specify) |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | |
| 1 Continuous slot | | 3 Mill slot | 5 Gauzed wrapped | 8 Saw cut | 11 None (open hole) |
| 2 Louvered shutter | | 4 Key punched | 6 Wire wrapped | 9 Drilled holes | |
| | | | 7 Torch cut | 10 Other (specify) | |
| SCREEN-PERFORATED INTERVALS: From 155 ft. to 195 ft. From _____ ft. to _____ ft. | | | | | |
| GRAVEL PACK INTERVALS: From 25 ft. to 195 ft. From _____ ft. to _____ ft. | | | | | |
| 6 GROUT MATERIAL: | | | | | |
| 1 Neat cement | | 2 Cement grout | 3 Bentonite | 4 Other | |
| Grout Intervals From 0 ft. to 25 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 | 10 Livestock pens | 14 Abandoned water well |
| 2 Sewer lines | | 5 Cess pool | 8 Sewage lagoon | 11 Fuel storage | 15 Oil well/ Gas well |
| 3 Watertight sewer lines | | 6 Seepage pit | 9 Feedyard | 12 Fertilizer storage | 16 Other (specify below) |
| | | | | 13 Insecticide storage | None |
| Direction from well? _____ How many feet? _____ | | | | | |
| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO |
| 0 | 2 | | Surface | 131 | 140 |
| 2 | 20 | | Loess | 140 | 155 |
| 20 | 42 | | Clay | 155 | 160 |
| 42 | 53 | | Fine to med sand & gravel | 160 | 162 |
| 53 | 55 | | Clay | 162 | 171 |
| 55 | 68 | | Fine to med sand | 171 | 177 |
| 68 | 81 | | Clay & caliche strks | 177 | 191 |
| 81 | 91 | | Fine to med sand w/clay strks | 191 | 195 |
| 91 | 96 | | Clay & caliche | | |
| 96 | 105 | | Fine to med sand w/clay strks | | |
| 105 | 108 | | Caliche | | |
| 108 | 124 | | Fine to med sand w/clay & Caliche lens | | |
| 124 | 131 | | Clay w/a few sand strks | | |
| 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/yr) 11-25-06 and this record is true to the best of my knowledge and belief. Kansas | | | | | |
| Water Well Contractor's License No. 554 | | | This Water Well Record was completed on (mo/day/yr) 1/16/07 | | |
| under the business name of Woofert Pump & Well | | | 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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