

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Thomas</b>		<b>SE ¼ SE ¼ NE ¼</b>	<b>24</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?					
2 WATER WELL OWNER: <b>Thelma Shalz</b>					
RR#, St. Address, Box # : <b>730 N Lincoln</b>					
City, State, ZIP Code : <b>Colby, Ks 67701</b>					
Board of Agriculture, Division of Water Resources Application Number: <b>20080119</b>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>176</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <b>na</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>136</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 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 <b>X</b> If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes <b>X</b> No _____					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <b>X</b> Clamped _____					
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____					
7 Fiberglass _____ Threaded _____					
Blank casing diameter <b>4.5</b> in. to <b>136</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>.248</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____					
12 None used (open hole) _____					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 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 <b>136</b> ft. to <b>176</b> ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>176</b> ft. From _____ ft. to _____ 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 <b>0</b> ft. to <b>20</b> 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) <b>none</b>					
13 Insecticide storage _____					
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
<b>0</b>	<b>2</b>		<b>Surface</b>		
<b>2</b>	<b>38</b>		<b>Loess</b>	<b>170</b>	<b>176</b>
<b>38</b>	<b>47</b>		<b>Fine to med sand w/clay strks</b>		
<b>47</b>	<b>64</b>		<b>Sandy clay</b>		
<b>64</b>	<b>75</b>		<b>Clay w/caliche &amp; a few sd strks</b>		
<b>75</b>	<b>100</b>		<b>Fine to med sd w/clay strks &amp; Gravel</b>		
<b>100</b>	<b>104</b>		<b>Cemented sand</b>		
<b>104</b>	<b>116</b>		<b>Fine to some med sd w/cement-Ed sand strks</b>		
<b>116</b>	<b>124</b>		<b>Cemented sd w/caliche &amp; clay</b>		
<b>124</b>	<b>133</b>		<b>Fine sd w/sandstone strks</b>		
<b>133</b>	<b>160</b>		<b>Sandstone</b>		
<b>160</b>	<b>170</b>		<b>Fine to some med sand w/sand-</b>		
7] CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>04-04-08</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>783</b> This Water Well Record was completed on (mo/day/yr) <b>04-04-08</b>					
under the business name of <b>Woofor Pump &amp; Well Inc.</b> by (signature) _____					
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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