

1 LOCATION OF WATER WELL:		Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>		Section Number <u>36</u>		Township <u>7</u> S		Range Number <u>34</u> E/W	
County: Thomas		Distance and direction from nearest town or city street address of well if located within city?							
2 WATER WELL OWNER: Steve Lampe		RR#, St. Address, Box #: 1670 N Range Ave							
City, State, ZIP Code: Colby, Ks 67701		Board of Agriculture, Division of Water Resources Application Number:							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>195</u> 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 <u>8</u> in. to <u>195</u> ft. and _____ in. to _____ ft.							
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well							
		<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____							
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____							
5 TYPE OF BLANK CASING USED:		5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____							
1 Steel 3 RMP (SR)		6 Asbestos-Cement 9 Other (specify below) _____							
<input checked="" type="checkbox"/> 2 PVC 4 ABS		7 Fiberglass _____ Threaded _____							
Blank casing diameter <u>4.5</u> in. to <u>155</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Casing height above land surface <u>18</u> in., weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>.248</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> 7 PVC 10 Asbestos-cement							
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR)		11 Other (specify) _____							
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS		12 None used (open hole)							
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut 11 None (open hole)							
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes		10 Other (specify) _____							
2 Louvered shutter 4 Key punched 7 Torch cut									
SCREEN-PERFORATED INTERVALS: From <u>155</u> ft. to <u>195</u> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>25</u> ft. to <u>195</u> ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grout intervals From <u>0</u> ft. to <u>25</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ 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 Fuel storage 15 Oil well/ Gas well		12 Fertilizer storage 16 Other (specify below)							
2 Sewer lines 5 Cess pool 8 Sewage lagoon 13 Insecticide storage none									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	2		Surface						
2	20		Loess						
20	35		Clay caliche & sand						
35	70		Med sand clay lenses						
70	120		Clay caliche & sand strks						
120	148		Cemented clay & sand strks						
148	170		Clay & fine sand strks						
170	190		Medium sand						
190	195		shale						
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) <u>4-24-08</u> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <u>183</u>				This Water Well Record was completed on (mo/day/yr) <u>6-2-08</u>					
under the business name of Woofter Pump & Well Inc.				by (signature) <u>[Signature]</u>					
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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