

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Thomas</b>		<b>NE</b> ¼ <b>SE</b> ¼ <b>SW</b> ¼	<b>12</b>	<b>T 7 S</b>	<b>R 34</b>
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: <b>Mike Schroeder</b>					
RR#, St. Address, Box # : <b>1115 Wheatridge Rd</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>250</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>251</b> 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:					
1 Steel		3 RMP (SR)		5 Wrought Iron	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		6 Asbestos-Cement	
		7 Fiberglass		8 Concrete tile	
				9 Other (specify below)	
Blank casing diameter <b>4.5</b> in. to <b>210</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	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify)	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				<input checked="" type="checkbox"/> 8 Saw cut	
				9 Drilled holes	
				10 Other (specify)	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <b>210</b> ft. to <b>250</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>250</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below)	
				<b>none</b>	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
<b>0</b>	<b>2</b>		<b>Surface</b>	<b>140</b>	<b>155</b>
<b>2</b>	<b>30</b>		<b>Loess</b>		
<b>30</b>	<b>36</b>		<b>Clay</b>	<b>155</b>	<b>158</b>
<b>36</b>	<b>63</b>		<b>Clay w/caliche strks</b>	<b>158</b>	<b>163</b>
<b>63</b>	<b>79</b>		<b>Fine to med sd &amp; small gravel</b>	<b>163</b>	<b>172</b>
			<b>Strks w/clay lenses</b>		
<b>79</b>	<b>83</b>		<b>Caliche w/sand lenses</b>	<b>172</b>	<b>182</b>
<b>83</b>	<b>94</b>		<b>Fine sd &amp; sd stone w/caliche</b>	<b>182</b>	<b>220</b>
<b>94</b>	<b>112</b>		<b>Fine to med sd w/traces of</b>		
			<b>Caliche &amp; clay</b>	<b>220</b>	<b>231</b>
<b>112</b>	<b>123</b>		<b>Fine to some med sd w/clay strk</b>	<b>231</b>	<b>243</b>
<b>123</b>	<b>131</b>		<b>Fine to some med sd w/clay &amp;</b>		
			<b>Caliche strks</b>	<b>243</b>	<b>251</b>
<b>131</b>	<b>140</b>		<b>Clay &amp; caliche w/sd lenses</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>11-5-08</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>12-19-08</b>			
under the business name of <b>Woofter Pump &amp; Well Inc.</b>		by (signature) <i>Ray C. Woofter</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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