

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Thomas		SE 1/4 SE 1/4 NE 1/4	17	T 7 S	R 34 EW
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Bill Miller					
RR#, St. Address, Box #: 2 Lee Circle					
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: 255 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 260 ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:					
<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feed lot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden (domestic) <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)					
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:					
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought Iron <input type="checkbox"/> 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) Welded _____ <input type="checkbox"/> 7 Fiberglass Threaded _____					
Blank casing diameter: 4.5 in. to 215 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:					
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From 215 ft. to 255 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 20 ft. to 255 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
<input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____					
Grout Intervals: From 0 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/ Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) _____ <input type="checkbox"/> 13 Insecticide storage					
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface		
2	34		Loess	174	178
34	42		Clay w/caliche strks	178	195
42	54		Clay & caliche w/sand strks	195	212
54	60		Fine & med sand w/clay & Caliche lenses	212	226
60	83		Fine & med sand w/traces of Clay	226	250
83	100		Fine & med sand & small gravel Strks w/clay & caliche lenses	250	260
100	130		Fine sand w/clay & caliche strks		
130	155		Fine & med sand w/clay & Caliche strks		
155	174		Fine sand w/caliche 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) 3/2/09 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 783 This Water Well Record was completed on (mo/day/yr) 3-30-09					
under the business name of Woofert Pump & Well Inc. 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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