

1 LOCATION OF WATER WELL: County: <b>Thomas</b>	Fraction <b>SW 1/4 NE 1/4 NE 1/4</b>	Section Number <b>36</b>	Township Number <b>T 7 S</b>	Range Number <b>R 34 E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?

**Lot 25 Block 2 El Chaparral, Colby, Ks.**

2 WATER WELL OWNER: <b>Roger Voss</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <b>445 S. Lincoln</b>	Application Number:
City, State, ZIP Code: <b>Colby, Ks. 67701</b>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <b>190</b> ft. ELEVATION:
	Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL <b>96</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>190</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 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 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 ..... No <b>X</b> .....

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <b>X</b> Clamped
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	Welded
Blank casing diameter <b>4.5</b> in. to <b>150</b> ft., Dia			Threaded
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:	7 PVC	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)
SCREEN-PERFORATED INTERVALS: From <b>150</b> ft. to <b>190</b> ft., From .... ft. to .... ft.			
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>190</b> 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.				
What is the nearest source of possible contamination: <b>NONE</b>				
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	
Direction from well?			How many feet?	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface	145	149	Caliche
2	18	Loess	149	157	Cemented Sand w/Sand Strks.
18	30	Clay	157	169	Med. Sand w/Some Clay
30	43	Clay w/Caliche Strks.	169	171	Cemented Sand
43	63	Sandy Clay w/Caliche & S.Sand	171	174	Med. Sand
63	64	Caliche	174	177	Sandy Clay w/Cemented Strks.
64	75	Caliche w/Clay Strks.	177	190	Fine to Med. Sand w/Ochra
75	88	Caliche & Clay w/S. Sand	190		tight streaks
88	94	Med. Sand w/Clay			
94	102	Sandy Clay w/Caliche			
102	103	Hard Caliche			
103	125	Fine to Med. Sand & Gravel			
125	134	Sandy Clay w/Sand Strks.			
134	135	Sand			
135	145	Sandy Clay w/Sand Strks.			

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/year) <b>7-11-94</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>7-14-94</b> under the business name of <b>Woofert Pump &amp; Well, Inc.</b> by (signature) <i>[Signature]</i>
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INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.